

Henrikwest Management Limited - Catherine Lodge Retirement 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Henrikwest Management Limited
Premises audited:	Catherine Lodge Retirement Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 March 2023 End date: 1 March 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:	30



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

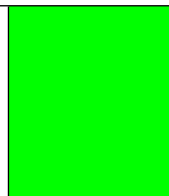
Catherine Lodge Retirement Home (Catherine Lodge) provides rest home and hospital level care for up to 35 residents. It is owned and operated by Henrikwest Management Limited. It is managed by a facility nurse manager. Residents and families spoke very positively about the care provided.

This surveillance audit was conducted against the Ngā Parewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora – Te Toka Tumai (Auckland). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, a manager, director, and a nurse practitioner.

Areas requiring improvement relate to staffing and collection of ethnicity data around infection control.

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.

Processes are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Te reo Māori and tikanga Māori is actively promoted throughout the organisation and incorporated through all activities. The needs of tāngata whaikaha are catered for and their participation in te ao Māori is enabled.

The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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 facility nurse manager along with the support of a regional manager, general manager and the two owner/directors assumes accountability for delivering a high-quality service.

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

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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.

Subsections applicable to this service fully attained.

The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and family/whānau and legal representatives to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

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

Medicines are safely stored and administered by staff who are competent to do so. The food service meets the nutritional needs of the residents with special needs catered for. Food culturally specific to te ao Māori is provided when requested. Food is safely managed.

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

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

Subsections applicable to this service fully attained.

There is a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly.

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

The pandemic and infectious disease response plan in place is reviewed regularly. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. COVID-19 infection outbreak reported since the previous audit was managed effectively. Culturally safe practices in infection prevention are provided.

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 service aims for a restraint free environment. This is supported by the directors and policies and procedures. There were no residents using restraint at the time of audit and restraint has not been used in the last 15 months.

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	20	0	1	0	1	0
Criteria	0	57	0	1	0	1	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The facility nurse manager, regional manager and general manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. There is currently one casual staff member that identifies with their Māori culture.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has a pacific plan. There are two residents and three staff employed at this facility who identify as Pascifika. The facility nurse manager interviewed stated the three staff have been identified as cultural champions, they are actively involved in the pacific community and are supporting the two residents to ensure that their cultural aspects are meet. Staff interviewed highlighted the importance of understanding and supporting each other’s culture. Residents and family interviewed were happy with the cultural care</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>that was provided.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Māori health plan in place identifies how the service supports Māori mana Motuhake. Staff understood this requirement. Interviewed residents and family/ whānau reported that staff respect their rights and they were involved in planning their care.</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>The service responds to residents and tāngata whaikaha needs as required and encourages participation in te ao Māori. The service has nominated a multicultural officer whose role is to promote positive education and create cultural awareness towards Māori culture and other cultures. Māori language week was celebrated. Care staff in January 2023 received information regarding Te Tiriti o Waitangi that supports day to day service delivery. Staff compulsory training is due to occur as per the 2023 training calendar in April 2023.</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>	<p>FA</p>	<p>The overall approach to care is strengths based and holistic, taking each resident's capabilities and potential into account. Te Whare Tapa Whā model of care is utilised for Māori residents. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents and family/whānau, regular meetings with residents and family/ whānau, and the complaints management processes. The interviewed residents, family/whānau and enduring power of attorney (EPOAs) confirmed satisfaction with the support being provided and they expressed that residents are treated fairly.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents' records reviewed evidenced that consent was obtained as part of the admission process with admission agreement and informed consent forms signed by residents, family/ whānau or their legal representatives. Staff were observed to seek consent from residents for personal care tasks. Staff understood the tikanga best practice in relation to consent. Interviewed residents confirmed that staff seek consent appropriately.</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>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. The code of rights and how to make complaint pamphlets were provided in Māori.</p> <p>The facility nurse manager and general manager interviewed expressed they would ensure that the complaints process works equitably for Māori by offering internal and/or external cultural support for the resident and/or whānau and extra time is provided if necessary. The complaints management system has not been reviewed to ensure this works effectively for Māori as no residents that identify as Māori have made a complaint.</p> <p>There have been 27 complaints over the past 12 months. Issues raised were around food, cleaning and laundry. These complaints were managed by the facility nurse manager in a timely manner with evidence showing the complainants were happy with the outcomes.</p>

		<p>Corrective actions have been implemented which include increasing cleaning hours and the hiring of a second cleaner and meetings with the kitchen team. A 2022 complaints analysis was also completed, and extra staff training was provided regarding managing minor complaints. There were no open complaints at the time of audit.</p> <p>There have been no complaints received from Te Whatu Ora – Te Toka Tumai (Auckland), the Health and Disability Commissioner (HDC) or Ministry of Health (MoH) since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>In interviews with the facility nurse manager and general manager and review of the services policy and procedures there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. The service has a Māori and Pacific health Policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people including services for tangata whaikaha.</p> <p>Training records showed that the facility nurse manager, regional manager, general manager and the two directors have attended training specific to Te Tiriti o Waitangi and equity. Staff have also been provided with information about Te Tiriti o Waitangi and equity and formal compulsory training as per the education 2023 calendar has been booked for all staff April 2023. The general manager has completed an analysis in February 2023 to help support the improvement of outcomes and achieving equity for Māori and review barriers for equitable access to services for Māori.</p> <p>There were 30 residents at the time of audit. The service holds contracts with Te Whatu Ora – Te Toka Tumai (Auckland) for rest home and hospital level care, Aged residential care, Ministry of Health (MoH) for residential non aged young persons with disability and Individual treatment bed mental health Disability Support services, long-term support – Chronic Health conditions (LTCH) and</p>

		<p>Accident Compensation Corporation (ACC) carer support respite care contract.</p> <p>Twenty (20) residents have been assessed as requiring rest home level of care and 10 residents were receiving hospital level care under the Aged related Residential Care Contract. Of those 20-rest home level care residents, two residents were admitted under individual ACC carer support respite care contracts and one resident was admitted under the MoH contract for young persons. There were no residents admitted as a boarder.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. The facility nurse manager with support of the regional manager and general manager are responsible for implementation of the quality and risk system.</p> <p>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and discussed at the relevant meeting/s. Progress against quality outcomes is evaluated and closed out as required.</p> <p>The facility nurse manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There have been 22 section 31 notification forms completed and sent to HealthCERT since the last audit. Twenty one (21) of the section 31s relate to registered nurse shortage and one section 31 is in regard to a facility acquired stage three pressure injury.</p>

		<p>Staff have been provided with information about Te Tiriti o Waitangi and equity and formal compulsory training as per the education 2023 calendar has been booked for all staff April 2023.</p> <p>Catherine Lodge has commenced evaluation of any potential inequalities for Māori in February 2023 stating ‘the service is unable to compare last year to 2023 due to the new standards, however, the focus moving forward is on equity and equality for residents that identify as Māori based on the fundamentals of the Te Tiriti o Waitangi and actively recruiting and retaining a Māori health workforce across all organisational roles.</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 High</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and two staff are medication competent. A contracted podiatrist, hairdresser and maintenance person support the service and visit regularly. The regional manager interviewed confirmed that bureau is not used at this facility.</p> <p>At the time of audit, the facility nurse manager was the only registered nurse. There were insufficient RN’s and care staff to cover all shifts 24 hours a day. When there is no RN available, an experienced level 4 health care assistant (HCA) is rostered on with the nurse manager on call.</p> <p>Observations and review of rosters going back to January found that care staff when ringing in sick are replaced. At times the replacement staff member has regularly been the diversional therapist.</p>

		<p>The facility nurse manager works Monday to Friday 9.00 am to 5.00 pm, is the registered nurse working on the floor and is on call after hours. The facility nurse manager has support of a regional manager who is a registered nurse but does not hold a New Zealand practicing certificate, and a general manager. Monday to Sunday the morning shift is supported by three health care assistants. One HCA is designated as a team leader, has oversight of staff and residents and supports with medication round with oversight from the facility nurse manager. The team leader works from 8.00 am to 4.00 pm with two supporting HCA working from 6.45am to 4.00pm and 8.00am to 1.30pm.</p> <p>The facility nurse manager remains the registered nurse on the floor until 5.00pm. Monday to Sunday the afternoon shift is supported by two HCA (one who is senior) that cover the shift from 3.45pm to 12 Midnight and 4.00pm to 12 midnight respectively. Two-night shift care staff commence their roles from 11.45pm to 8.00am (senior HCA) and 12.00 to 8.00am respectively.</p> <p>There is a diversional therapist who works Monday to Friday from 8.30am to 4.30pm Monday to Friday. There are two cooks who share the role Monday to Sunday and work 7.00am – 1.30pm and are supported by one of two kitchen assistants who work 4.00pm to 6.30pm.</p> <p>The cleaner and a separate laundry staff member is rostered Monday to Sunday from 8.00am to 2.00pm. The facility nurse manager and general manager confirmed that there is some flexibility with the cleaners' hours to allow support with spring cleaning and events such as Covid-19 outbreaks.</p> <p>The facility nurse manager, regional manager and general manager interviewed confirmed that they were actively recruiting staff to</p>
--	--	--

		<p>address shortfalls in the roster, however, there is currently not enough staff rostered to support the residents and/or their colleagues working on the floor.</p> <p>On the afternoon of the audit, the regional manager confirmed that they had actively started to seek support from bureau to cover the roster in the interim.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed. Staff have been provided with information about Te Tiriti o Waitangi and equity and formal compulsory training as per the education 2023 calendar has been booked for all staff April 2023. There is currently one registered nurse and the facility nurse manager who are interRAI trained.</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>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised and additional time is provided as required. Staff interviewed felt well supported. Staff performance is reviewed and discussed at regular intervals. Staff ethnicity data is being recorded.</p> <p>All staff information held on record is relevant, secure and confidential.</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</p>	FA	<p>The service maintains a record of the enquiries and those declined entry. Routine analysis of entry and decline rates including specific data for Māori was implemented. The service has support from a</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>Māori liaison officer and from the local Marae for the benefit of Māori residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Care plans are developed by registered nurses (RN). Assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>Care planning for Māori residents includes accessing cultural advice when required. Residents and their whānau/family are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori Health Plan was developed in consultation with a cultural advisor. The Māori health care plan used supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The Māori health care plan includes the four cornerstones of Māori health (Te Whare Tapa Whā model of care) and Māori healing methodologies, such as karakia, rongoa and spiritual assistance. The long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. Staff understood the process to support residents and whānau. Interviewed residents and family/whānau confirmed satisfaction with</p>

	<p>cultural support provided by the service.</p> <p>Residents' strengths, family/whānau goals and aspirations were documented in the care plans reviewed. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Any changes in residents' health were escalated to the general practitioner (GP) and nurse practitioner (NP). Referrals made to the GP and NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP confirmed satisfaction with the care being provided. Transfers and discharge from the service were planned and managed safely.</p> <p>Onsite medical services are provided once per week and on-call after hours services are provided when required. Medical assessments were completed by the GP and NP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to specialist services were completed where required with the resident or EPOA's consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of</p>
--	--

		<p>care and appropriate interventions were documented. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. Residents, family/whānau or enduring power of attorney (EPOAs) confirmed being involved in the assessment and care planning processes.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided, and in accordance with the residents' needs. Residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</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 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>	FA	<p>Opportunities for Māori residents to participate in te ao Māori include celebration of Waitangi Day and Matariki Day with quiz held about Matariki and Waitangi Day. The Māori language week was celebrated with Māori music played. Van outings are completed weekly into the community. Family/whānau visit the residents in the facility.</p>
<p>Subsection 3.4: My medication</p>	FA	<p>The implemented medicine management system is appropriate for</p>

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and NP. Over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for as required (pro re nata PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication was stored safely in the locked medication room and trolley. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when residents are transferred back to the service. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request and six-monthly. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication room sampled, were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p>
--	---

		<p>Appropriate procedures were completed for residents who were self-administering medication. Residents and their family/whānau are supported to understand their medications when required. The NP stated that appropriate support, and advice for treatment for Māori would be provided where required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to 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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The current menu in use was last reviewed by the dietitian on 1 August 2022. The cook stated that menu options culturally specific to te ao Māori will be provided per residents' request.</p> <p>Family/whānau are welcome to bring culturally specific food for their relatives if desired. The interviewed residents and family/whānau expressed satisfaction with the food options provided by the service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>The transfer and discharge policy and procedures are documented. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents and their family/whānau or EPOAs where applicable. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evidenced in residents' transfer records reviewed.</p>

<p>coordinate a supported transition of care or support.</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>There is a current building warrant of fitness with an expiry date of 28 September 2023. This is displayed at the entrance to the facility. Tag and testing was last completed in July 2022. Maintenance records and observation demonstrated regular maintenance is occurring.</p> <p>There were internal and external shared spaces that suited the needs of the resident group/s, with several small and large areas available for residents and their visitors to gather. Residents and whānau interviewed were happy with the environment.</p> <p>The facility nurse manager and general manager confirmed in an interview that they would consult with local iwi if a decision was made to make any changes to the current building.</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>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There is a first aid trained staff member on each shift. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A fire evacuation trial was last completed on the 19 October 2022. The fire evacuation plan has been approved by the New Zealand Fire Service, 24 November 2004.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed confirmed that staff respond promptly to call</p>

		<p>bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff ensure that the building is locked, and windows are closed during afternoon and night duties with rounds occurring regularly. Cameras monitor the main corridors of the facility and the outside perimeter, signage was evident.</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 pandemic and outbreak management plan in place was last reviewed in November 2021. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP that acknowledge the spirit of Te Tiriti were included in the Māori Health Plan and staff were aware of them. The facility nurse manager reported that consultation for IP requirements is completed with the residents and family/whānau as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori were available.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. 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>	PA Low	<p>The IP nurse's responsibility is documented in their job description. The infection prevention nurse reported that culturally safe processes for communication is provided as required. Family contact records in relation to infection notification were evidenced in the progress notes. The interviewed residents and family/whānau expressed satisfaction with the communication provided. COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed. There was no evidence of ethnicity data in surveillance records.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The facility nurse manager is the restraint co-ordinator. The facility manager and general manager interviewed demonstrated commitment to this by attending the staff monthly meeting alongside the management meeting. At the time of audit there were no residents using restraint and no restraint of residents has occurred for 2022. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA High	<p>The service provider does not currently have a registered nurse rostered on each shift and care staff rostered to meet the needs of the residents.</p> <p>The facility currently has in total two registered nurses, one of which is the facility nurse manager, they are experienced in aged care and commenced their role in April 2022. The second registered nurse has been on holiday since the 12th of December 2022 and is due back on the 19th of March 2023. A third registered nurse has been employed and is due to commence work at Catherine Lodge on the 20th of March 2023.</p> <p>The management team confirmed in interviews that three registered nurses and two care staff were employed over</p>	<p>There are not enough registered nurses or care staff employed to consistently provide an RN on site 24 hours a day seven days a week or care staff to support the residents and their colleagues.</p>	<p>Recruit and successfully employ sufficient numbers of RNs and other staff to safely meet the needs of residents and fulfil contract requirements.</p> <p>30 days</p>

		<p>November, December 2022 and January 2023, however, all have resigned stating family commitments. The regional manager confirmed that they were actively advertising for registered nurses and care staff.</p> <p>There has been a total of 23 section 31's, 21 of those section 31's relate to RN shortage since the 19th of September 2022. Over that time the facility has continued to admit residents. Four of the residents were assessed as requiring hospital level care, two residents were admitted in December 2022 and two residents in February 2023. More recently the general manager confirmed that residents seeking admission have been declined.</p> <p>The facility manager has completed an assessment for each resident to determine their ability to reach and access their call bell which is found on the wall by the resident's bed. The facility nurse manager has recorded on the staff handover sheet that eight residents have access to a corded bell in their bedrooms. Six residents have a sensor mat in their bedroom as unable to use a cord bell. Seventeen (17) residents have been assessed as not requiring a call bell, one resident has declined a cord bell in their room and one resident has a sensor mat and cord bell. There are currently two residents that require assistance with a sling hoist.</p> <p>The HCAs and other staff interviewed were satisfied with their workloads, including the</p>		
--	--	--	--	--

		diversional therapist (DT). Residents and relatives said there were enough staff to attend to their needs.		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Infections were recorded on the infection record form. Infection data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. Standardised infection criteria guidelines are used.</p>	Surveillance does not include ethnicity data.	<p>Ensure surveillance include ethnicity data to meet standard requirements.</p> <p>180 days</p>

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.