

Avatar Management Limited - Maida Vale Retirement Village

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:	Avatar Management Limited	
Premises audited:	Maida Vale Retirement Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical	
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:	80	

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Avatar Management Limited - Maida Vale Retirement Village, provides Hospital services - medical and geriatric services, rest home care and residential disability services – physical.

One of the two clinical services managers returned to employment at Maida Vale Retirement Village in February 2022. The other clinical services manager is acting as clinical nurse manager while the person in this role is on long term leave. A training/quality facilitator has been contracted for approximately 18 months. The other members of the management team have been in their roles since prior to the last audit.

A new call bell system has been installed. Some renovations are in progress at Mountain View (one of the care home buildings).

The improvements raised at the last audit related to complaints, linking key components to the quality and risk system, corrective action planning, staff training, chemical storage, the call bell system and restraint review process have been addressed. The two areas related to staffing and undertaking annual performance appraisals continues to require improvement. A new area for improvement is identified in relation to ensuring records are retained to demonstrate staff have completed their role-specific orientation. Three recommendations have been made in relation to including equity in risk management processes, ensuring neurological monitoring is consistently undertaken post unwitnessed falls and undertaking clinical calibration and performance monitoring of air mattresses.

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 are fully attained.
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Policy states a commitment to employ staff representative of the ethnic groupings of residents.

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

Maida Vale Retirement Village staff work collaboratively to support and encourage a Māori world view of health in service delivery. Services are based on the te tiriti o Waitangi and the principles of Mana motuhake. Māori residents confirmed they were provided with culturally appropriate services.

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 are partially attained and of medium or high risk and/or unattained and of low risk.
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The quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

There is a minimum of five care staff and one registered nurse available on the premises at night, with additional staff on duty at other times.

Staff are provided with an induction and orientation and participate in ongoing education.

All employed and contracted registered health professionals maintain a current annual practicing certificate.

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 are fully attained.
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Entry and decline rates are captured and analysed for all residents including for Māori. The nursing team are responsible for the assessment, development and evaluation of care plans. Care plans are individualised and based on assessed needs and specifically for the disabled. A holistic model of care is implemented for residents who identify as Māori with links with whānau providing strength, support, security and identity. This is a vital role in the well-being of Māori residents individually and collectively.

Activity plans are developed and implemented to support community initiatives that meet the health needs and aspirations of Māori and opportunities for Māori residents to participate in te ao Māori are encouraged.

The organisation uses an electronic medicine management system for e-prescribing, dispensing and administration of medications. The general practitioner and/or the nurse practitioner is responsible for medication reviews. Staff involved in medication administration were assessed as competent to do so.

A holistic approach to menu development ensures nutritional values, respecting and supporting cultural beliefs and values. Specific options are available for Māori residents.

Residents are referred or transferred to other health services safely as required.

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 are fully attained.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness for each building. Most clinical/electrical equipment has been tested as required. A new call bell system has been installed.

The fire evacuation plans have been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security is maintained and includes the use of security cameras.

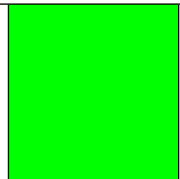
Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

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 are fully attained.
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The organisation has a comprehensive pandemic plan in place and adequate personal protective resources are readily available. Staff, residents and family were familiar with the pandemic/infectious diseases response plans in place. Culturally safe practice in infection prevention in partnership with Māori is planned and is an objective of the Māori Health Plan.

Surveillance contains ethnicity data which is analysed as part of the monthly surveillance programme requirements for aged-related care services. Follow-up action is taken as required. The environment supports prevention and transmission of infections. Effective communication between service providers and people who develop or experience a hospital acquired infection is robust.

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 are fully attained.
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The service is actively working to eliminate the use of restraint. The owner/director advised this is an organisation commitment. This is supported by policies and procedures.

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	0	2	0	0
Criteria	0	47	0	0	3	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The recruitment policy and the owner/director is committed to employing staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. The owner/director stated being committed to having Māori staff in a variety of roles; however, there are challenges recruiting staff at the time of audit, so ensuring there are sufficient staff to provide safe service delivery is the current priority. There are staff that identify as Māori including senior staff. There are currently residents that identify as Māori.</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</p>	Not Applicable	<p>Applicable policies and procedures have been developed by an external consultant. The management team are in the very initial stages of identifying how these will be implemented in a practical sense in the event Pasifika residents are admitted.</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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>The senior registered nurse interviewed reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs. One resident who identified as Māori, felt all identified needs were prioritised and that support, privacy and respect was maintained by staff.</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>	FA	<p>Staff are not currently provided with Te Tiriti o Waitangi training. The management team are looking at available options.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Culturally appropriate activities have been introduced such as celebrating Waitangi Day and Matariki. Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying as well as the importance of involving family/whānau in the delivery of care. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Tikanga and te reo resources are available on the education platform.</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</p>	FA	<p>The clinical nurse manager (CNM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse; these include the complaints management processes, residents' meetings and</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>satisfaction surveys.</p> <p>A strengths-based and holistic model of care using Te Whare Tapa Wha is utilised to ensure wellbeing outcomes for Māori. The three Māori residents stated at interview that this model of care is central to their recovery and wellbeing.</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 confirmed that they are provided with information and are involved in decision making about their care. Where required, a nominated support person is involved from family/whānau, with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or enduring power of attorney (EPOA) is provided on admission. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent. The Māori health plan reviewed captured seven aspects of care identified as needing to be addressed and considered for all Māori residents. There were clearly documented to guide staff as part of cultural care and intervention. Staff interviewed understood these practices and techniques and that these are to be respected.</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>A fair, transparent, and equitable system is in place to receive, track and resolve complaints, facilitating improvement. Information on independent advocacy is available for complainants. This meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms are readily available. The Code is available in te reo Māori and English. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes. Complainants had been informed of findings following investigation. Staff knew the process should they receive a complaint. The shortfall from the last audit has been addressed.</p>

		<p>One anonymous complaint has been received from external sources (Te Whatu Ora – Health New Zealand Taranaki) since the previous audit. The trainer/quality facilitator (T/QF) is responsible for complaints management and follow up.</p> <p>The T/QF reported that the complaints process works equitably for Māori and that a translator or advocate who identified as Māori would be available to support people if needed. Family members will be involved in resident support at the resident's choice.</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>The Maida Vale Retirement Village provides age-related residential care, village residential care and home and community support services (HCSS) to village residents. The HCSS and retirement village services are audited separately and not included in this report.</p> <p>The business is owned by a couple, one of whom works in the care home on a day to day basis. In addition to the two owners, there is one other director who works on site. The owner/director, clinical nurse manager, clinical services manager, training/quality facilitator and village manager were interviewed.</p> <p>There is a new acting clinical nurse manager (CNM), who is also one of the two clinical services managers (CSM) at Maida Vale and is currently also covering for the previous CNM who is on long term leave. A training/quality facilitator has been assisting for approximately 18 months. There is management and senior nursing advice available after hours.</p> <p>The owner/director is available by phone or other messaging methods when not on site and confirmed being informed of relevant quality and risk issues in a timely manner.</p> <p>The owner/director has not yet attended training on Te Tiriti, cultural safety or equity and will look for relevant available options. The owner/director has yet to review services to ensure that they improve outcomes and achieve equity for Māori or to ensure service providers identify and work to address barriers to equitable service delivery. Work is expected to commence on this in the next few months. The service has a focus of ensuring services for tāngata whaikaha are</p>

		<p>undertaken to improve resident outcomes, and this is explicit within the care planning process. The owner/director confirmed a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services and care.</p> <p>The management team including the owner/director meet together for a catch-up and planning meeting weekly. The owner/director reads the clinical records of all residents on a daily basis.</p> <p>The service has contracts with Te Whatu Ora Taranaki for Aged Related Residential Care (ARRC) and Long-Term Support-Chronic Health Conditions. There is a non-aged care agreement with the Ministry of Health (MoH) for younger people with a disability (YPD) and contract with Accident Compensation Corporation (ACC)</p> <p>The facility is licensed for 94 beds; however, the normal occupancy is 90, with the extra four beds used in case of couples. At the time of audit there are 80 residents receiving care; 35 at ARCC rest home level of care, 38 at ARCC hospital level care, two residents were funded by Accident Compensation Corporation (ACC) with one each at rest home and hospital level care, and five residents were receiving services under the YPD contract at hospital level care. There were also other residents living independently in Ocean View Apartments.</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</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 incidents and complaints, internal and external audit activities, monitoring of resident outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The CNM, CSM and the training/quality facilitator manager are responsible for implementation of the quality and risk system with the input of the owner/director. The service is now utilising a quality and risk system that has been developed by an external consultant and is linked with an electronic resident clinical record.</p> <p>There are a range of internal audits, which are undertaken using</p>

<p>and support workers.</p>		<p>template audit forms. A calendar identifies when each topic is due. The results are reported to relevant staff and discussed with applicable managers. Relevant corrective actions are developed and implemented to address any shortfalls with the exception of ensuring neurological monitoring is completed as required by policy post resident unwitnessed fall. This is raised in 3.2.3. The two shortfalls identified at the last audit have been addressed.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the management team. There is a hazardous substance register.</p> <p>A risk management plan is in place. The director confirmed changes or the identification of any new risk, including those related to individual resident's care, are brought to their attention promptly. There is a current hazard register. Maida Vale Retirement Village has not yet included potential inequities in the organisational risk management plan, but is aware of the need to do this.</p> <p>There are monthly quality and risk meetings occurring using a template agenda. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints/compliments, restraint minimisation, infection prevention, infection events, residents/whānau feedback and changes in process/systems including those related to Covid-19 management are discussed. Staff confirmed they feel well informed and well supported. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to improve health equity within Maida Vale Retirement Village service. Care staff interviewed understood the Māori constructs of Pae Ora and work with residents that identify as Māori, and their families to ensure individual, resident culturally appropriate care.</p> <p>The owner/director, CNM and training/quality facilitator at interview were familiar with essential notification reporting requirements. The events that have been notified included the change in clinical nurse manager, multiple and ongoing notifications related to RN shortages, and two resident related events. One event has been reported to HealthCert and to two other agencies.</p>
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<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>	<p>PA Moderate</p>	<p>There is a policy and process for determining staffing and skill mix. There is a national health workforce shortage and this has had an impact at Maida Vale Village. Despite comprehensive measures, delays in the recruitment of registered nurses has resulted in the service not having a registered nurse on duty in each building overnight in variance to ARRC contract requirements. Instead, one RN is on site and attends to residents across the facility.</p> <p>A staff training policy has been updated to reflect the training required to meet the Nga paerewa health and disability services standards and ARRC contract. Staff are provided with ongoing training opportunities relevant to their role. Education is offered most months and is either in person or via online learning. Records of attendance are kept. Staff are advised of upcoming training opportunities and are individually emailed when they are due to (re)complete a mandatory education topic. This now meets the standards.</p> <p>Nineteen staff have a current first aid certificate. There is at least one staff member (usually more) on duty at all times with a current first aid certificate.</p> <p>Three staff working at Maida Vale Village have an industry approved qualification in dementia care, 14 staff have a level two industry approved qualification, 25 staff have a level three industry approved qualification and 23 staff have a level four industry approved qualification. Staff employment contracts specify that staff will be supported to complete industry expected qualifications up to level four. There is a training academy on site.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. The management team are looking for a local cultural advisor/advocate in order to develop the competencies of healthcare and support workers to meet the needs of people equitably and invest in the development of staff health equity expertise. A cultural competency programme for staff has yet to be introduced (links with 3.2.3).</p> <p>Information is being sourced from published peer review journals to help inform staff training. Online training provided by an external provider includes high quality Māori health information.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Records of professional qualifications for employed and contracted registered health professionals are on file and annual practising certificates (APC's) are checked for currency each year.</p> <p>Staff are provided with an induction and orientation programme. Records to demonstrate role-specific orientation is not consistently retained in staff files sampled and is an area requiring improvement.</p> <p>Staff performance is not reviewed and discussed annually and this is an area requiring improvement. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and kept securely.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>The entry to services policies and procedures are documented and have clear processes. Ethnicities of all prospective and permanent residents are recorded in the enquiry records and the resident register maintained. Residents' rights and identity are respected. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. There were Māori residents in the facility at the time of the audit.</p> <p>The organisation has access to a Māori Health advisory group and interpreter services when needed. The service is yet to develop a meaningful partnership with local Māori communities and organisations to further benefit Māori individuals 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</p>	<p>FA</p>	<p>All residents have current interRAI assessments completed within three weeks of an admission by one of six trained interRAI assessors on site which included the clinical nurse manager. Cultural assessments were completed by staff who have completed cultural safety training. However, a cultural competency programme is yet to be implemented (refer to 2.3.1) and options are currently being reviewed by the management team. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC</p>

<p>whānau to support wellbeing.</p>		<p>assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled were developed with the resident and their family, reflected residents' strengths, goals and aspirations that aligned with their values, beliefs and cultural needs.</p> <p>Care plans evidence service integration with progress notes, activities records, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. All staff, having read any changes to care plans, are required to sign alongside the change in acknowledgement. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as 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, with the exception of neurological monitoring post unwitnessed fall. This is not consistently occurring (links with 2.2) Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. There is a Māori health plan which includes Māori healing methodologies, such as</p>
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		<p>karakia, mirimiri and rongoā. Resident's preferred cultural customs, values and beliefs were included using Te Whare Tapa Wha model of care. The care planning process is such that it supports Māori residents and whānau to identify their own pae ora. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific people's policy and the senior registered nurse reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP (by zoom) or the nurse practitioner, within two to five working days of an admission. Routine medical reviews were completed three-monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. On call services are provided as required. The nurse practitioner interviewed verified that medical input is sought in a timely manner, that medical orders are followed, and care is excellent.</p> <p>Three residents were reviewed in detail using tracer methodology. One at hospital level of care (a young person with disabilities), one at hospital medical level of care, and one at rest home level of care.</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>Cultural events celebrated include Waitangi Day and Matariki day. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. This was evident in the records sampled. Residents interviewed confirmed they find the programme interactive. Maida Vale retirement home encourages the use of te Reo Māori if residents choose to communicate in this way and encourages services to support community initiatives that meet the needs and aspirations of Māori and whānau. There were residents on the day of audit that identified as Māori.</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>	FA	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols,</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>and guidelines. The required three-monthly reviews by the GP/nurse practitioner were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in accordance with requirements.</p> <p>Controlled drugs are 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>Standing orders are not used. There were no residents self-administering medications at the time of audit. There was a self-medication administration consent form available if needed. The registered nurse (RN) interviewed was able to demonstrate knowledge on self-medication administration if needed.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The RNs in each service area oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse managers. RNs interviewed demonstrated knowledge on management of adverse events. The service has policies and procedures in place on management of adverse events.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. Twenty medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP/nurse practitioner,</p>
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		following discussion with the resident and/or their family/whānau.
<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>The food is prepared on site by experienced chefs and is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last three months. The menu follows a summer and winter pattern in a four-weekly cycle. A holistic review of menu plans occurs, with suggestions of food options/choices which are culturally specific to te ao Māori when Māori residents are admitted to this service. The three Māori residents interviewed were pleased with the meals provided and the discussions with the chef on a regular basis. The chef confirmed menu items are provided to meet residents individual needs.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau/EPOA. The service uses the district's base hospital 'yellow envelope' system to facilitate transfer of residents to and from acute care services.</p> <p>Residents' family reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. InterRAI reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer and/or any mitigated risks identified were documented in the transfer documents reviewed and the resident's progress notes.</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>	FA	<p>The buildings have a current building warrant of fitness. Clinical equipment has annual performance monitoring except for air mattresses. A recommendation is made that these items are included in the performance review schedule.</p> <p>Renovations have occurred in Mountain View. All staff including those who identify as Māori were involved in workshops related to the re-</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>design process to ensure the changes were practical, resident friendly, optimised space and security and were culturally appropriate.</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>There are three approved fire evacuation plans, one for each of Ocean View Apartments, Woodrow Grove and Mountain View. Fire evacuation drills occur six monthly, with the most recent fire drill occurring on 6 September 2022. A fire drill was booked to occur on the first day of audit with the external fire safety consultant. This was deferred to the end of February 2023. Staff are required to have completed annual fire safety training. Records of attendance are maintained.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use in external and public areas. Signage alerts visitors, residents and staff of these. Images are accessed by authorised persons only. Care staff and the RNs described the specific security processes in place to facilitate the safety of residents and staff both during business hours and after hours.</p> <p>A new call bell system has been installed in mid 2022 which sends alerts to staff mobile phones as well as illuminates outside the room. The system was sighted and illuminates on the screens showing how long residents have been waiting. Residents, whānau and staff report this new system is much better and residents confirmed staff are now attending to them in a timely manner. The shortfall from the last audit has been addressed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>There is a comprehensive informative pandemic management plan in place that is reviewed at regular intervals. There were sufficient infection prevention and control (IPC) resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis or as a group in residents' meetings.</p> <p>The IPC RN reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. Six staff identified as Māori and three residents and all were interviewed. Educational resources in te reo Māori were available and the IPC RN reported that these are available for residents if they identified as Māori.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and subsequent action plans are implemented. The HAIs being monitored include infections of the urinary tract, respiratory, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records. Results of the surveillance programme are shared with staff in the staff meetings.</p> <p>Any new infections are discussed at shift handovers for early interventions to be implemented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic</p>	<p>FA</p>	<p>The cleaner's rooms and the two designated laundry rooms which also store chemicals are now locked when not in use. Key-pad access has been installed for safety reasons, since the previous audit. This was an area identified for improvement at the previous audit which has been addressed.</p> <p>Policies and procedures guide housekeeping staff in regards to cleaning requirements. Compliance with policy is monitored via internal audit.</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</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>The owner/director, the training/quality facilitator, CSM/CNM and the other SCM along with RNs and care staff note the goal to eliminate the use of restraint. The owner/director confirmed this is a key organisation goal and is explicitly detailed in policy (sighted). Restraint elimination is communicated to staff during orientation and as part of the ongoing education programme. The owner/director along with the CNM/CSM takes responsibility for ensuring the restraint-free focus is maintained. The owner/director noted reviewing all resident clinical notes on a daily basis to keep informed. There were five residents with restraint in use. Staff were able to detail the residents that no longer have restraints in use as part of the elimination process. The use of restraint and progress towards elimination is discussed at the weekly managers meeting and the monthly quality and risk meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A comprehensive review of all residents with restraints in use occurs on a three-monthly basis and the overall restraint related system is monitored via the internal programme. All applicable components are included. The shortfall from the last audit has been addressed.</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>	<p>PA</p> <p>Moderate</p>	<p>Rosters are developed that detail when staff will be working and in what area. Care staff are primarily allocated to work in designated buildings called Ocean View Apartments (rest home level residents and independent living), and the two buildings where residents requiring rest home or hospital level care reside (Mountain View and Woodrow Grove).</p> <p>In addition to the CSM, and CSM/CNM who work weekday mornings, there is a registered nurse on duty in Woodrow Grove and Mountain View on morning and afternoon shifts. With a RN on long term leave and challenges with recruiting, the service is unable to have a registered nurse rostered on duty in both Woodrow Grove and Mountain View at night, with one RN rostered and working between both buildings at night. While this is occurring, an extra caregiver is on duty at night to ensure there is a designated</p>	<p>There is one registered nurse on duty overnight who works across the two buildings where hospital level care residents live.</p>	<p>Have a registered nurse on duty at all times in each building where hospital level care is provided.</p> <p>90 days</p>

		<p>number of staff present in each building. Section 31 notifications have been made in relation to this. The management team advised a request has been sent to the funder portfolio manager and HealthCERT at the Ministry of Health to request a dispensation to only have one RN on site at night and is awaiting response.</p> <p>Where staff are unable to attend for a rostered shift, the shift is usually covered by staff working an extra shift, or by extending the hours of their shift, or occasionally reallocating a staff member from one building to another as a last resort. All changes are noted on the rosters sighted. The village management undertakes detailed analysis each pay cycle of any variance between the roster and actual shifts worked across the facility. This is to ensure care staff are not working excessive hours, and to identify any variances and the rational for this.</p> <p>There are sufficient care, activities, maintenance, administration, catering and housekeeping staff rostered. Residents and family members were satisfied their call bells were answered in a timely manner and their care needs met. The shortfall from the last audit has been addressed.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. A cultural competency process has yet to be introduced (links with 3.2.3).</p> <p>Students working to complete their competency assessment programme (CAP) were on site and were interviewed and confirmed they are buddied with a RN and provided with appropriate support. These students are provided with a cultural competency programme.</p>		
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<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>New staff are provided with an induction programme that includes fire and emergency response, orientation to the facility layout and key equipment, introduction to key staff, health and safety, aspects of quality and risk and other relevant topics. In addition, staff are buddied with designated senior staff for at least three days or longer if required to orientate to the residents' care needs, the environment, the care home routine and other aspects. Staff have a role-specific workbook that is to be completed.</p> <p>While care and nursing staff interviewed confirmed they are being provided with an orientation relevant to their role, records of attendance are not being consistently maintained.</p>	<p>Records are not available to demonstrate staff are completing role-specific orientation. This was missing from at least eight out of 12 staff records where this aspect was sampled.</p>	<p>Ensure all staff complete role-specific orientation requirements within the applicable timeframes and that records are retained to demonstrate this.</p> <p>60 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Moderate</p>	<p>Annual staff performance appraisals are overdue for approximately two thirds of employed staff.</p>	<p>Approximately two thirds of staff and managers are overdue their annual performance appraisals. Managers admit they struggle to complete these in a timely manner.</p>	<p>Undertake annual performance appraisals for staff.</p> <p>90 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.