

Leighton House Limited

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Leighton House Limited
Premises audited:	Leighton House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 November 2022 End date: 24 November 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	49

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

Leighton House is a purpose-built facility in Gisborne. The service is certified to provide rest home and hospital (medical and geriatric) level care for up to 50 residents. On the days of audit there were 49 residents.

Leighton House is privately owned, and governance is supported by Dementia Care NZ. Two experienced directors oversee Leighton House with the support of the organisation management team. Head office is based in Christchurch.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand- Tairāwhiti. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a nurse practitioner.

The operations manager manages the facility and is experienced in management roles. She is supported by the organisational management team based in Christchurch, including a regional clinical manager and in the facility by registered nurses, caregivers, non-clinical staff and activities team members.

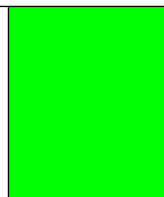
Residents and relatives interviewed were complimentary of the service and care.

The service has addressed the six previous certification audit findings relating to the quality programme, corrective actions, care plan interventions, implementation of care and medication documentation.

This surveillance audit identified that there is a corrective action required relating to registered nurse cover on shifts.

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.

Leighton House provides an environment that supports resident rights and cultural safe care. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The directors and the organisational management team are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

Dementia Care NZ own and operate Leighton House and are responsible for the service provided at this facility. Two directors govern the organisation, and they are supported by an organisational management team at head office. Strategic and business plans are documented and supported by quality and risk management processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

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 promotes equity of access to their facility through a well-documented entry and decline process. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The electronic care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary.

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

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and are reviewed at least three-monthly by the general practitioner or nurse practitioner. Medications are stored securely.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission. Residents have the opportunity to have a boil up meal once a month should they wish.

All planned resident transfers and referrals are coordinated with residents and families.

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

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

The building has a current warrant of fitness, and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. There is a printed current resident list for evacuation purposes. The facility is secure after hours, regular security checks are completed.

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

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

Subsections applicable to this service fully attained.

Infection surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking occurs within the organisation. Staff are informed about infection control practises through meetings, and education sessions. There is a pandemic plan documented. Adequate supplies of personal protective equipment were sighted. The service has had two Covid-19 outbreaks. Both outbreaks were well managed, and precautions remain in place as per current guidelines.

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.

Leighton House strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan and during orientation.

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	19	0	1	0	0	0
Criteria	0	49	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service supports increasing Māori capacity by employing more Māori staff members. The operations manager stated around fifty percent of their workforce identify as Māori.</p> <p>The six caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and this data will be analysed at a governance level.</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</p>	Not Applicable	<p>The aim of Leighton House is to co-design health services utilising both Māori and Pacific peoples through collaboration and partnership models.</p> <p>The service and organisation are working on establishing links with Pacific organisations to assist in the review and implementation of their Pacific health plan. Staff undergo cultural training which will be</p>

<p>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>reviewed to include training in relation to Pacific peoples.</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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey, with independence promoted for each individual. This was confirmed in interviews with ten relatives (five hospital and five rest home) and 11 residents (five rest home and six hospital).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>All staff receive training in Māori health awareness during orientation. Cultural diversity in-service training was completed in November 2022 for all staff. Training also covered tikanga practices.</p> <p>There were residents living at Leighton House who identified as Māori on the day of audit. Residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a number of staff were fluent in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Residents can have boil up prepared in the kitchen once a month should they wish. This is offered to all residents. Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The aim of these policies is to</p>

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>ensure that Leighton House complies with the provision of the Human Rights Act 1993 and treats everyone in a manner that respects their right to individual choice. The policy states that no person will be subjected to exclusion, ridicule or be prejudiced as a result of their race or ethnic background, skin colour, sexual orientation, disability, gender, age, or religion. This policy is reinforced in the employment contract that all staff are required to read and sign as part of the employment process. Cultural days are held to celebrate diversity.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect as per the training plan. Staff are educated on how to value the older person, showing them respect and dignity. Dementia Care NZ promote a holistic person-centred model of care using the 'best friends' approach to ensure positive wellbeing outcomes for all residents. The residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</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>The service follows tikanga guidelines. The service has a Māori plan that describes cultural principles. The registered nurses have a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting. Registered nurses interviewed demonstrated a good knowledge of tikanga guidelines in relation to consent.</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>FA</p>	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code</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. 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>of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained. Three complaints were lodged in 2021 and five have been lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. All complaints are documented as resolved and closed. No trends have been identified. There have been no complaints received from external agencies.</p> <p>Discussions with 11 residents (five rest home, six hospital) and 10 families (five rest home, five hospital) confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Dementia Care NZ own Leighton House. The organisation has two directors who are supported by the Dementia Care NZ organisational management team who support the facility management teams. Leighton House is a spacious one-level purpose-built facility that has 50 beds. There are 20 dual purpose (hospital and rest home) beds. On the day of audit, there were 49 residents: 38 rest home residents, including two respite residents, and 11 hospital residents. All residents, excluding respite residents, were under the age-related residential care services agreement (ARRC).</p> <p>The service is managed by an operations manager (OM) who has experience in a variety of management roles. The OM has been in the role for 10 years and is suitably skilled and experienced for the role. The OM is supported by a regional clinical manager who is based at support office. Leighton House is currently advertising for a clinical manager. The RNs support the OM with day-to-day operation of the facility.</p> <p>Strategic and business planning is undertaken by the organisational management team who report to the directors.</p> <p>Documentation is in the process of further amendment to reflect the requirements of the 2021 Health and Disability Standard. The</p>

		<p>governance body is also committed to supporting Māori health strategies, including implementation of an electronic system to assist with identification and analyse variances in Māori health (i.e. infection control and adverse events). The organisational management team have engaged a Māori advisor to consult with and update the current Māori health plan and provide input into governance planning, including business planning, quality, and risk management to improve Māori health through clinical assessment and organisational policy and procedures. The organisational management team ensure that tāngata whaikaha have meaningful representation to achieve equity and improve outcomes. Currently residents provide feedback through surveys and resident meetings. Results from the surveys and outcomes of meetings are used to improve resident outcomes. Plans are in place for the organisational management team to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The OM has open communication by phone, email and zoom calls with the regional clinical manager and any other member of the organisational management team.</p> <p>The OM has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.</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>Leighton House is implementing a quality and risk management programme. Annual 2022 quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with the OM confirmed their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures are developed by the organisational management team and align with current good practice. Policies are reviewed, modified (where appropriate) and implemented. Policies are currently being reviewed to meet the Ngā Paerewa 2021 Services Standard. Further changes are planned following consultation with Māori advisor. New policies are discussed with staff. Work is underway</p>

	<p>to implement and assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data is collated, analysed, and benchmarked internally and externally against other NZ aged care providers. Reports including analysis are provided to the OM and discussed at quality meetings (minutes viewed). An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the OM. The previous audit shortfall (NZS 8134:2008 criteria # 1.2.3.8) around documentation of internal audit corrective action plans completion has been addressed. Quality data is reported to head office monthly. The data is internally benchmarked against other facilities in the group and also comparatively benchmarked against retrospective data over the past year from the facility.</p> <p>Regular family and resident meetings are held with evidence of both residents and families providing feedback via annual satisfaction surveys and 2022 results indicated that 85% of families and resident's responses were positive. Results have just been published and are to be discussed at the next staff and resident's meetings. Suggestions arising from the survey are to be addressed by the operations manager.</p> <p>There are individual monthly meetings for: infection control; health and safety; falls prevention management; quality; activities; kitchen; and residents/family meetings. Meeting minutes document comprehensive review and discussion around all areas including hazards, service improvement plans, emergency processes, complaints, incidents and accident, internal audits, and infections. Complaints have been documented as discussed at staff meetings and are included in the overall quality programme. The previous audit shortfall (HDSS:2008 # 1.2.3.5) around complaints not linked to the quality system has been addressed.</p> <p>A risk management plan is in place. The monthly round of meetings ensures clinical, caregiving and household staff have access to current information. Interviews were conducted with a health and safety</p>
--	--

		<p>representative. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. Contractors are inducted into the facility's health and safety programme.</p> <p>All resident incidents and accidents are recorded, and data is collated. The accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality /staff meetings and at handover. Relatives are notified following incidents.</p> <p>The OM is aware of statutory responsibilities regarding essential notification with examples provided. Section 31 reports were completed monthly for incidents related to RN staffing shortages. Public Health authorities were notified of Covid outbreaks in October 2021 and July 2022.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The operations manager works full time from Monday to Friday and is supported by four RNs. The regional clinical manager based at head office covers on call after hours for all clinical matters. The operations manager is available for non-clinical calls. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. The facility is recruiting for RNs. Leighton House currently has four RN vacancies and one clinical manager vacancy. The OM stated that three RNs are possibly commencing employment in the next two months.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that management and the regional management team provide good</p>

	<p>support. Residents and family members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There are 49 residents currently at Leighton House (38 rest home and 11 hospital).</p> <p>The full RN compliment roster is documented below; however, 11 of 21 RN shifts below are not covered by RNs due to the facilities current RN shortage. The shifts not covered by RNs are covered by senior caregivers, who are internationally trained RNs, who currently do not hold a New Zealand registered nurse practicing certificate.</p> <p>Eight caregivers are rostered on morning shifts: 5x 7am to 1pm; 3x 7am to 3pm; and one RN from 7.45 to 3.45pm.</p> <p>The afternoon shift has: 3x 3pm to 11pm; 2x 4.30pm to 8pm; 1x 4 pm to 9pm; 2x 5pm to 9pm and 1x RN 3.45pm to 12.05am.</p> <p>Night shifts are covered with 2x caregivers and one home assistant (cleaner), who is trained as a caregiver and assists caregivers as required. One RN is rostered from midnight to 8.15am.</p> <p>One RN shift is dedicated for documentation from 4pm to 10pm once a week. Interviews with residents and families confirmed they were aware of the RN shortages.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session. Educational courses offered include in-services, competency and external professional development. Registered nurses, senior caregivers, and activities staff have a current first aid certificate. The service has embedded cultural values in their mandatory training programmes. The service uses a combination of Zoom calls and the head office trainer visiting the facility to conduct training. Training is also provided through update talks and staff meetings. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. All senior caregivers and RNs have current</p>
--	---

		<p>medication competencies. Cultural orientation and training is provided to include understanding health equity. The service is working towards developing a cultural competency.</p> <p>Clinical staff can access external training from palliative care providers and Te Whatu Ora-Tairāwhiti. Registered nurse specific training viewed included syringe driver, wound care, and first aid. There are four RNs employed and two are interRAI trained. The regional clinical manager in head office provides oversight of the registered nurses and caregivers through regular visits to the facility.</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 register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Seven staff files reviewed included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of orientation, including clinical competencies, evidenced signatures of completion. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>There is a policy governing management of personnel files. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service collects ethnicity data and plans to report analysis of this at governance level.</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>	Not Applicable	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The operations manager who manages the facility keeps records of numbers of prospective residents and families that</p>

<p>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>have viewed the facility, admissions and declined referrals. The organisational management team collates all data. The report does not currently include ethnicity but will include ethnicity specific to Māori moving forward. The new electronic system will capture ethnicity/race/indigenous status and iwi details.</p> <p>The service identifies links to Māori health providers within the Māori health plan. The service continues to develop meaningful partnerships with Māori communities and organisations to 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 whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident clinical files were reviewed: four rest home and three hospital level care. Files reviewed included a rest home respite resident. A registered nurse completes an initial assessment and care plan on admission, including relevant risk assessment tools. Initial assessments and long-term care plans are completed on admission. Initial interRAI assessments, reassessments, long-term care plans and reviews were completed within expected timeframes. The care plans reviewed evidenced these were completed in partnership with residents and their relatives. The previous audit shortfall (HDSS:2008 # 1.3.5.3) around care plans documenting resident/family involvement in care planning has been addressed. The resident on respite had all appropriate risk assessments completed and a short-term care plan in place.</p> <p>Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. The previous audit shortfall (HDSS:2008 # 1.3.5.2) around care plans documenting specific interventions has been addressed. Care plans include allied health and external service provider involvement. Short-term needs are used for wounds, infections, and other short-term health needs. Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. The care plans on the electronic resident management system were resident focused and</p>

	<p>individualised with clear and flexible goals. Residents interviewed confirmed that they participate in the care planning process and reviews. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service utilises Te Whare Tapa Whā and Te Ara Whakapiri care plans. There is a Māori health plan that supports Māori constructs of tikanga and ensures there is a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The Māori health plan is currently being reviewed with consultation from a Māori advisor and Māori staff to align with the 2021 Ngā Paerewa Health and Disability Services Standard.</p> <p>The nurse practitioner (NP) or general practitioner (GP), has reviewed residents three-monthly. Residents and whānau interviewed confirmed they participated in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Registered nurses interviewed had knowledge of the Māori health plan. Care plans include the physical, spiritual, whānau, and mental health of the residents. End of life care is provided when required.</p> <p>The service contracts with the local medical centre whose GP or NP provides medical services to residents. The NP/GP visits weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The NP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. All NP/GP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included, (but were not limited to): physiotherapist; palliative care nurse; speech language therapist; Te Whatu Ora-Tairāwhiti wound specialist nurse; and continence specialist. There is a physiotherapist who visits the facility once a week or more often if required. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health,</p>
--	--

		<p>as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to a nurse specialist occurs. The resident satisfaction survey published in November 2022 shows an 85.7% satisfaction rate related to care.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. There were no residents with pressure injuries and six residents with wounds. Electronic wound care plans documents assessments, a wound management plan and evaluations are documented with supporting photographs and documented wound assessments. The district nurse, wound specialist nurse and GP/NP have input into chronic wound management.</p> <p>Pressure injury documentation included completion of incident forms and care plans. Documentation of neurological observations are completed for unwitnessed falls, and documentation of interventions around weight loss has been addressed. The previous audit shortfall (NZS 8134:2008 # 1.3.6.1) has been addressed.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules and fluid balance recordings. Monitoring charts were implemented according to the care plan interventions.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
Subsection 3.3: Individualised activities	FA	The activities coordinator (lead) works full time and has been at the

<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>		<p>facility for two years. There are monthly themes including Matariki, Anzac, mid-winter, Easter, and Christmas celebrations.</p> <p>The activities programme is designed to celebrate diversity, which has included (when Covid restrictions have allowed): visits to the maraes each local Māori resident affiliates with and residents ārahi i runga i te marae; local van drives explaining the local kōrero whenua and the tohu whenua of significance; Māori puzzles using tukutuku patterns, visiting preschool children; and a once a month boil up meal that all residents can partake in if they wish. The service is actively collaborating with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The activities coordinator speaks fluent te reo. The service currently has Māori residents. All residents and family interviewed were happy with the activities programme. In the resident satisfaction survey, 95.4% were happy with the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication rooms. The internal audit schedule includes medication management.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication is checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There were no residents self-administering medications on the day of the audit. Assessments are available should residents wish to do this. Registered nurses advised that the GP/NP prescribes over-the-counter medications. All medication errors are reported and collated within quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were</p>

		<p>no expired drugs on site on the day of the audit. Standing orders are not used.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The NP or GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One registered nurse was observed administering medications correctly on the day of audit. Resident allergies were sighted as documented in the electronic medication system. The previous audit shortfall (NZS 8134::2008 criteria # 1.3.12.1) around electronic medication charts identifying allergy status has been addressed.</p> <p>Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The registered nurses and management described working towards partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	<p>FA</p>	<p>The menu allows for choice of meals. The cook consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests are made. The cook advised that they had celebrations for Matariki, including choice of Māori foods and the residents have the opportunity to have a boil up meal once a month should they wish.</p> <p>The service understands tapu and noa, ensuring all staff adhere to tapu and noa, consistent with a logical Māori view of hygiene and align with good health and safety practices. There are Māori kitchen staff, and they assist staff with understanding Māori tapu and noa.</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>The OM and registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the advance directives, advance care plan (where available), a completed transfer report, and medication chart are included in transfer documentation. A verbal handover is provided. The registered nurses update caregivers on new admissions regarding care and support requirements, as observed on the day of audit during handover. Referral to other health and disability services is evident in the resident files reviewed.</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>	FA	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 1 March 2023. The service contracts out all maintenance and gardening as required. Essential contractors can be contacted 24 hours a day, every day. Maintenance requests are electronically logged in the management system and the OM contacts contractors to complete.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p> <p>Management advised future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service April 2002. Fire evacuation drills are held six-</p>

<p>provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>monthly (8 Sept 2022). The building is secure after hours and staff complete security checks at night. Currently, under Covid restrictions, visiting is restricted so the front doors remain locked during the day. Visitors are instructed to press the doorbell for assistance. Under normal circumstances the front door is set to close in the evening.</p>
<p>Subsection 5.2: The infection prevention programme and implementation 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>	<p>FA</p>	<p>Staff interviewed were knowledgeable around culturally safe practices and provided examples. Educational resources in te reo are available online. Staff follow the MOH pandemic policy which is available for all staff. Staff and resident Covid vaccination information is documented. Personal protective equipment (PPE) stock balance is maintained to support any possible outbreak. PPE stocks include staff scrub clothing and residents' hospital gowns that can be used during Covid outbreaks. This is checked weekly and is accessible to all staff.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) 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>	<p>FA</p>	<p>Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic database by RNs, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs internally with other facilities in the organisation. Outcomes are discussed at the infection control team meeting. Education is completed to address infection trends for the month, with specific goals to improve outcomes. A monthly report is prepared and included in the governance reports. The service is planning to incorporate ethnicity data in surveillance reporting. There have been two Covid-19 outbreaks since the previous audit (October 2021 and July 2022). The two outbreaks were documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting</p>

		<p>that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families were updated regularly.</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 restraint policy, including acute and emergency restraint policy, confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit the facility was restraint free. The restraint coordinator is a RN and is supported by the operations manager. The OM confirmed the service is committed to providing services to residents without use of restraint. A restraint approval committee at head office and the regional clinical managers meet every six months to review restraints and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme in the facility.</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 Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>As per the ARRC contract with Te Whatu Ora-Tairāwhiti, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site at times for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the national clinical manager at all times. The 11 of 21 shifts not covered by RN's are all covered by senior caregivers who are all overseas registered nurses, awaiting their New Zealand registration.</p>	<p>The service does not have sufficient numbers of registered nurses to have a RN on duty at all times as per the ARRC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</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.