

Fergusson House Restcare Limited - Fergusson House

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 HealthShare 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: Fergusson House Restcare Limited

Premises audited: Fergusson House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 4 April 2023 End date: 5 April 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: 39

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Fergusson House is certified to provide rest home level care for up to 44 residents. Short stay/respite care could be provided subject to bed availability. There were 39 residents on the day of the audit. The directors and management were committed to health equity.

There had been some changes since the last audit. A new facility manager was appointed in August 2022 and the required changes to the previous ORA apartment had been made to ensure it was appropriate for residents requiring rest home level care.

This transitional surveillance audit was conducted against a sub- set of NZS 8134:2008 Ngā paerewa Health and disability services standard (Ngā Paerewa) and the organisations agreement with Te Whatu Ora – Lakes. The audit included samples of policies and procedures, resident files, staff files and organisational records. Staff, residents and family/whānau were interviewed, as was the general practitioner. Observations of the facility were made. Previously identified areas requiring improvement were also followed up.

There were three areas identified requiring improvement. Two of these were from partially new criterion regarding meaningful partnerships with the Māori community and gathering ethnicity data within the infection surveillance programme. The other area of improvement was in regard to the monitoring of ‘as required’ (PRN) medication. All previously identified areas of improvement had been addressed.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The service delivered care to residents in a manner that respected Māori mana motuhake and tikanga. Education pertaining to racism was provided to staff to facilitate a racist free environment. Tāngata whaikaha and their whānau were supported to participate in te ao Māori. Care was planned using a holistic model of care. Residents receive services in a manner that considers their dignity, privacy, and independence as well as facilitating their informed choice and consent. Care plans accommodate the choices of residents and/or their family/whanau. The complaints process met consumer rights legislation and worked equitably.

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.

The facility manager demonstrated a commitment to delivering services that improved outcomes and achieved equity for Māori. Flexible services and the provision of additional resources ensured that any barriers to access were minimised.

There was an implemented quality and risk management programme which complied with the requirements in this standard and the funders agreement. Quality data was collected, collated and communicated across the organisation. Internal and external risks

were identified and a plan developed to respond to them. The facility manager was aware of their responsibilities with regard to adverse event reporting.

The appointment, orientation and management of staff was based on current good practice. A systematic approach to identify and deliver ongoing education supported safe service delivery. Staff competencies were assessed and monitored. Staffing levels and skill mix met the needs of residents.

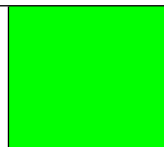
Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Fergusson House provided a model of care that ensured holistic resident centred care was provided. Resident assessments informed care plan development. Care-plans were implemented with input from the resident and the family/ whānau. Care-plan interventions contributed to achieving the resident's goals. Review of care plans occurred regularly. Other health and disability services were engaged to support the resident as required. The activity programme supported the resident to maintain social, and cultural choices, and included community engagement. Medication prescribing and storage reflected best practice. Staff who administered medication were competent to do so. The food service met the resident's dietary needs and cultural requirements. The discharge and /or transfer of residents was safely managed.

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

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

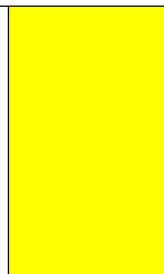


Subsections applicable to this service fully attained.

There had been no changes to the facility other than to address the previously identified areas of improvement regarding the inclusion of the ORA apartment to rest home level care. The facility continued to comply with building legislation relevant to the services provided. The emergency evacuation plan was approved. There were appropriate security arrangements. All staff were identifiable.

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

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



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

The pandemic plan had been implemented. There was a sufficient supply of personal protective equipment on site during the audit. Residents had access to information in te reo. The infection prevention programme was delivered in a manner that was culturally safe and embraced the spirit of Te Tiriti o Waitangi. Infection data is collated, analysed, and trended. Surveillance data is reported to staff.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The organisation had documented policies and procedures that supported the minimisation of restraint. The facility manager, and staff, were committed to providing a restraint free environment. There was no current history of restraint use. Staff completed a restraint competency each year. Restraint minimisation strategies were included in staff meetings and reported to the directors.

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	1	2	0	0	0
Criteria	0	55	1	3	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>The facility manager was committed to recruiting and retaining a Māori health workforce. There were a number of staff who identified as Māori. A cultural awareness committee had been established with the intent of ensuring the cultural values and beliefs of residents and staff were valued within the context of the Te Tiriti o Waitangi. This group was led by a member of staff who identified 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>	FA	<p>The cultural awareness policy and procedure had been updated to reflect Pacific models of health and current national strategies. The policy provided comprehensive guidelines for staff working with Pacific people and Pacific worldviews. There were no residents or staff who identified as Pasifika.</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>On admission of a Māori resident a specific assessment was used to identify the resident's whakapapa and significant people and places to the resident. The resident was also asked about the use of rongoā. Whānau were involved in assessments and care-planning if desired by the resident. Karakia was used by residents and whānau as desired.</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 discussed tikanga Māori practices that had been embedded into service provision, for example ensuring there were designated pillows for a resident's head, and other pillows for other parts of the body. They also discussed using one flannel for the face, and a second for other parts of the body. Te reo Māori is spoken by Māori staff, who share key Māori words and phrases with other staff. During the audit some staff were observed using te reo Māori.</p> <p>The service had a process to ensure the needs of tāngata whaikaha were met, and their participation in te ao Māori was supported. This was verified in clinical records and during resident and whānau interviews.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>There was a cultural awareness policy that addressed racism. An education programme was provided to staff that described racism and how to identify it. Education records confirmed that staff had attended the initial training. Staff described how racism may be displayed.</p> <p>Clinical records demonstrated that holistic assessments and care plans were implemented, that addressed the residents taha wairua (spiritual dimension), taha tinana (physical dimension) and taha whānau (whānau dimension). Māori whānau were interviewed and confirmed that they participated in the resident's care. Staff described their responsibility to deliver care that focused on the resident's strengths for example, maintaining a resident's ability to stay physically active and/or maintaining the resident's ability to eat with dignity.</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>	FA	<p>The consent policy reflected best practice tikanga guidelines. Observation of staff undertaking their daily tasks demonstrated that these guidelines were implemented, and this was confirmed during discussion with residents and family/whānau.</p> <p>Clinical records sampled contained signed consent documents that related to, for example, the taking of photographs, taking part in outings, the collection and storage of health information. The consents reflected the requirements of the Code of Health and Disability Services Consumers' Rights. Residents and family/ whānau confirmed they had been provided information to enable informed consent. Previously identified areas requiring improvement (NZS 8134:2008, criteria 1.10.4) had been addressed.</p>
<p>Subsection 1.8: I have the right to complain</p>	FA	<p>The complaints policy meets the requirements of consumer rights legislation. Information on the complaints process was provided to</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>residents and family/whānau on admission. Information and forms were readily accessible and on display. Residents and family/whānau reported they were aware of the complaints process. Māori staff were available to help navigate Māori residents and their whānau through the process if required. Resident and family/whānau meetings also provided opportunities for feedback to management. Records of these meetings confirmed good attendance.</p> <p>There had been one complaint reported to the Health and Disability Commissioner (HDC) which was received in November 2022 and was resolved in February 2023. Recommendations from HDC included the need to review the emergency management procedure and provide additional staff training on dementia. Both these recommendations had been completed and the complaint was closed to the full satisfaction of the family/whānau and advocacy services.</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>There was evidence that the directors were committed to providing equitable services through the provisions of resources, approving education, supporting initiatives and reducing barriers. For example, support for the development and implementation of the cultural awareness committee and Tiriti o Waitangi education. There was also evidence that the directors fully supported equitable services for tangata whaikaha through the provision of disability/sensory resources/aids and maintaining them. The facility is fully accessible to people with a disability.</p> <p>The previously identified area requiring improvement (NZS 8134:2008, criteria 1.2.2.1) was no longer applicable. The previous interim nurse manager left and the rest home underwent a period of temporary management. Day to day operations were now the responsibility of the new facility manager who had delegated responsibility for ensuring services were being delivered in a culturally competent manner. The facility manager is a clinical psychologist, had completed recent training modules including compliance to Te Tiriti o Waitangi requirements in Ngā Paerewa and demonstrated an understanding of health equity. The facility manager</p>

		<p>attended regular meetings with other facility managers and was in frequent contact with the directors and Te Whatu Ora – Lakes portfolio manager. It was reported that the change in management was reported to the Ministry of Health. The facility manager reported they were well supported by the directors, an external human resource consultant for any employment issues or questions and the two registered nurses.</p> <p>The organisation is certified to provide for 44 residents and holds agreements with Te Whatu Ora - Lakes, for rest home level care and respite services. There was one resident utilising respite/short stay care and one resident receiving long term care under the Accident Compensation Corporation (ACC) scheme. The apartment previously under an occupational rights agreement (ORA) was transferred to a rest home level care room following the last audit and now accommodated one resident.</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>There was a documented and implemented quality and risk management system. Policies and procedures continued to be reviewed by the directors, with clinical procedures being purchased from an external consultant. Quality activities for monitoring service delivery such as internal audits, consumer satisfaction surveys, adverse event reporting and management of health and safety remained in place. There was a current risk management plan which had recently been reviewed. The risk management plan included cultural awareness and covered the scope of the organisation. The management of finances was overseen by a chartered accountant and the required insurances were in place. The cultural awareness committee ensured that health care and support workers were delivering high-quality health care for Māori.</p> <p>Day to day compliance was monitored through the use of internal audits which were routinely completed. Monthly collation of quality data and analysis of incidents and accidents identified trends. There was evidence that improvements were implemented where required. Health and safety processes were compliant and monitored by the</p>

		<p>health and safety coordinator. The facility manager was aware of external reporting requirements and completed Section 31 notices to the Ministry of Health as was required recently following an event. The previously identified area requiring improvement (NZS 8134:2008, criteria 1.2.4.3) had been addressed. There was evidence that incidents were being recorded and reported.</p> <p>The previously identified areas requiring improvement (NZS 8134:2008, criterion 1.2.3.1, 1.2.3.3 and 1.2.3.8) had been addressed. The quality system was now being fully implemented. Information was being shared with staff during staff and health and safety meetings. The results of internal audits, plus the required corrective actions were displayed in the staff room. Policies and procedures were current and in the process of final review. Staff were made aware of updates as they occurred. The repetitiveness of routine internal audits ensured the effectiveness of improvements could be monitored.</p> <p>.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The total number of staff had not changed since the last audit. Staffing included two registered nurses, three enrolled nurses, two cleaners, two cooks, one laundry person, one activities person, 16 health care assistants and maintenance staff. There was also access to casual staff. Weekly rosters were developed and published a fortnight a head of time. Rosters sampled confirmed five care health care assistants on site between 7am and 3.30 pm, three on duty in the afternoon and two during the night. There was a registered nurse on site seven days per week, with both nurses on site for three days of the week. The facility manager is on site 8am to 4.30 four days per week and available on call. If required, casual staff were used with this normally occurring once or twice a month over the weekends. The registered nurses shared on call duties for any clinical concerns.</p> <p>Mandatory competencies were defined and monitored. Competencies included infection prevention, handwashing, emergency and fire procedures, health and safety, safe transfers,</p>

		<p>insulin therapy, restraint minimisation and administering medication. Register nurses were competent with interRAI and are attending the gerontology nurse conference in 2023. The facility manager had been accessing additional clinical education for the nurses through Te Whatu Ora and hospice (for example) for wound care and syringe drivers. Policy awareness training was provided to all staff in February 2023 and staff education regarding health equity and disparities of health had been prepared in April. The cultural awareness committee was providing staff education on the application of Te Tiriti o Waitangi in day-to-day practice and ensured the collection of high-quality Māori health information as it related to Māori residents.</p> <p>The previous areas requiring improvement (NZS 8134:2008, criterion 1.2.8.1) had been addressed. The previous residents with higher acuity were no longer at the rest home and the hoist had not been required since. It was reported that staffing was now more stable with limited staff shortages for some time. Unexpected absences in the roster were being filled without placing undue pressure on staff. Cleaning staff were not being required to assist residents during meals. Review of the rosters confirmed there was always a staff member on duty with a current first aid certificate.</p> <p>The previous area of improvement (NZS 8134:2008, criteria 1.4.6.2) had been addressed. Cleaning staff were rostered for 65 hours per week which provided sufficient hours for cleaning the previous ORA apartment.</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>PA Negligible</p>	<p>Professional qualifications were validated during the recruitment process. Copies of national certificates and practicing certificates were maintained, where applicable and required. The staff orientation process covered the essential components of service delivery. Staff reported that the orientation process prepared them well for their role. Staff records sampled confirmed completion of the orientation process which included the mandatory competency questionnaires.</p> <p>Staff information was maintained in hard copy folders which were stored confidentially in the manager's office. The facility manager</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>also maintained a staff spreadsheet which enabled quick reference to check that all staff requirements, training and certificates were up to date. The staff folders and spreadsheet were sampled and confirmed that information was accurate and current. An improvement is required regarding maintaining staff ethnicity data.</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>PA Low</p>	<p>Admission data including ethnicity was kept for all residents admitted, and this was confirmed in clinical files sampled. When a Needs Assessment Service Coordination (NASC) agency referral for a potential resident was received, and it was confirmed the person met the admission criteria, and a bed was available. The resident was then admitted. Potential residents were not declined into the service, if the afore mentioned criteria was met.</p> <p>The service had commenced developing partnerships with Māori organisations, however further work was required to ensure they benefited 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>Residents received individualised support that met the physical, cultural, spiritual, and social dimensions of their wellbeing. Registered nurses were responsible for completing assessments and developing care plans. Clinical records demonstrated that resident assessments were holistic and included for example skin integrity, pain, falls risk and continence. InterRAI assessments were current. The resultant care-plans were documented and reflected opportunities to improve the resident's health and wellbeing. Records contained a long-term care-plan and short-term care-plans. Short term care plans were developed for residents with an acute health</p>

<p>whānau to support wellbeing.</p>	<p>condition for example an infection or skin tear. These were updated regularly and signed off when the condition had resolved.</p> <p>Progress notes, observations and interview with the resident's and their family/whānau confirmed that care-plan interventions had been implemented. Clinical records were integrated including, for example, correspondence from community health providers, interRAI reports, the admission agreement, laboratory reports a copy of the Enduring Power of Attorney (EPoA) and activities attendance records.</p> <p>Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. The registered nurse and staff stated that changes in a resident's behaviour were considered an early warning sign of a deterioration in health. Monthly vital signs and the weight of residents was documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, an assessment of the resident was performed by a registered nurse. A short-term care-plan was developed by the registered nurse. The general practitioner (GP) was notified if required, according to the resident's condition.</p> <p>The clinical record, the registered nurse and medication files confirmed that residents were seen and assessed by the GP every three months. If the resident's condition changed between three monthly reviews the GP was notified and reviewed the resident. Evidence of this was sighted in the clinical record, and verbally by the GP. The GP also confirmed that the care provided to residents was appropriate and reflected good practice.</p> <p>Residents were supported to identify their own pae ora outcomes, with whānau involvement as desired by the resident. Files sampled of Māori residents confirmed that cultural preferences were incorporated into the care plan. Māori residents and whānau interviewed stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</p> <p>Policies, procedures, and interviews with staff and the facility manager confirmed that the service understood Māori oranga and customs. Visiting hours were flexible to allow family/ whānau to visit and support the resident. Staff were available to provide information to residents and their family/ whānau as required.</p>
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		Previously identified areas for improvement relating to assessments, planning, provision and review of care and best-known practice for prevention and alleviation of pressure injuries (NZS 8134:2008, criteria 1.3.3.3) had been addressed.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>At the time of the audit some staff spoke te reo Māori and the service was implementing a plan to support all staff to learn te reo. Outings for staff and residents included visiting places of cultural significance, such as Māori carvings and parks. Throughout the service traditional Māori drawings and patterns were displayed.</p> <p>The activities programme included time allocated for residents to explore and talk about their whakapapa. In addition, videos demonstrating traditional Māori cultural practices had been shown to encourage the residents to share stories. Māori songs were part of sing along activities and sometimes accompanied with tī rākau (stick games).</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The service used an electronic programme to prescribe and record the administration of medication. Medications were dispensed by the pharmacy using a pre-packaged system. The pharmacy delivered medications as required and disposed of unwanted medications. A registered nurse checked the medications upon delivery. Medication administration was performed by a registered nurse, enrolled nurse or a health care assistant with a New Zealand Qualifications Authority (NZQA) level four certificate. All staff who administered medications had completed and in-house medication competency programme.</p> <p>The medication cupboard was locked, and temperature monitored. Controlled medications were stored as per regulations. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date.</p> <p>All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had reviewed the medication chart at least three monthly. Standing orders were not used at this service. Residents who wished to have</p>

		<p>over the counter (OTC) medications discussed this with the registered nurse and GP. If the GP considered the OTC medication was not in the best interest of the resident, this was discussed with the resident and the medication was discontinued. The GP prescribed safe and appropriate OTC medication. This process was verified by the registered nurse and the GP.</p> <p>A self-medicating policy directed safe practice. At the time of the audit there was one resident self-administering eye drops. The resident's clinical file confirmed that a medication competency assessment had been completed as per policy. The GP confirmed that the resident was self-administering eye drops and that this was managed in a safe manner.</p> <p>Residents, including Māori residents and their whānau, were supported to understand their medications. This was confirmed by residents and their family/whānau during interviews.</p> <p>Medication incidents were rare. A registered nurse described the medication incident review process, which reflected best practice. The GP stated that the medication systems and processes used were safe and appropriate to the service, and that notification of medication incidents was made, although rarely. There had not been a medication incident within the past nine months.</p> <p>The previously identified areas requiring improvement (NZS 8134:2008, criteria 1.3.12.1) relating to the weekly stocktakes and the six-monthly quantity stock take of controlled medications, and the temperature monitoring in the medication room had been addressed. This audit identified a further improvement regarding 'as required' (PRN) medications.</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>FA</p>	<p>The menu was varied and suitable to meet the needs of a range of residents with specific cultural requirements including, for example Hinduism, and Māori. All staff described the concepts of tapu and noa. Boils ups and rēwena bread were included in the menu cycle. The cultural committee provided food/meal suggestions and recommendations to the chef as required, for example during</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>Matariki.</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>	<p>FA</p>	<p>There was a transfer and discharge policy that guided the staff member/s facilitating the residents transfer or discharge from the facility. A registered nurse discussed the procedure.</p> <p>A record was sampled of a resident of whom discharge was being planned. The file contained correspondence between the service provider and the NASC confirming the current care the resident required. There was evidence the NASC and family/whānau were looking for alternative placements for the resident. Documentation detailed communication between the resident, family/whānau. The GP discussed the reason for the planned discharge and the process. Family/whānau confirmed that they were involved in the discharge planning process.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The current building warrant of fitness was displayed and expires in October 2023. Appropriate systems were in place to ensure the residents' physical environment and facilities were fit for purpose and maintained. Tasks scheduled in the building maintenance programme were carried out. The electrical system is fitted with residual current devices (RCD) which cuts off the power if an electrical fault was detected, and testing and tagging had commenced. Medical devices were calibrated as per manufactures instructions. The hazard management system ensured any hazards were identified and managed accordingly. Māori artwork and te reo Māori were displayed throughout the facility and residents were supported to decorate their personal space in the manner of their choice. There were no plans for any changes in the facility, however the cultural awareness committee would be consulted should this change.</p> <p>The previously identified areas of improvement (NZS 8134:2008,</p>

		criteria 1.4.2.1) had been addressed. The oven in the apartment had been disconnected and all areas in the apartment were safe for the resident requiring rest home level care. The resident was aware of how to request any repairs or maintenance.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The evacuation plan was approved and included the attached apartment. Trial evacuations were conducted every six months, which included a written report and recommendations. Staff orientation programme included emergency and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Staff lock the external doors and windows each night for security purposes. There were CCTV cameras in public areas. The call bell system was functional and staff were observed to attend to these in a timely manner. Residents and family/whānau were happy with staff responses to call bells at all times. Staff were easily identifiable with a uniform and name badge.</p> <p>The previously identified areas of improvement (NZS 8134:2008, criterion 1.4.7.3, 1.4.7.5 and 1.4.7.6) had been addressed. The approved evacuation plan included the apartment and a call system had been installed in the bedroom. The resident residing in the apartment was dependent on their walking frame which had a call bell attached. The call bell was tested by the auditors and confirmed prompt attendance from staff. The resident spent the majority of their day in the main lounge, or dining room, with the other residents. The back entrance was secure and did not pose any security risk.</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.</p>	FA	<p>A pandemic/infectious diseases response plan was documented and had been implemented. Sufficient resources of personal protective equipment (PPE) were sighted during the audit. Staff interviewed confirmed that adequate supplies of PPE were, and had been, available for use when required.</p> <p>A registered nurse and the facility manager advised that access to</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</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>educational materials was available via the infection prevention unit of the public hospital. Staff and the GP stated they explained all health information to the resident and/or whānau using uncomplicated language and gave an opportunity for resident and family/ whānau to ask questions. Te reo Māori speaking staff were available to provide information in te reo Māori if required.</p> <p>The cultural committee had Māori representation and provided advise to the infection prevention nurse that enabled practices to be culturally safe and acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>Residents and whānau interviewed confirmed their understanding of the principles of infection control. Observations during the audit confirmed that staff provided care to residents in a manner that reflected Te Tiriti and tikanga.</p> <p>A registered nurse had a position description to implement the infection prevention programme and reported to the facility manager. The nurse had completed infection prevention training and had access to further expertise via the infection prevention nurse at the public hospital.</p> <p>The previously identified areas requiring improvement (NZS 8134:2008, criteria 3.2.1) relating to a person with the expertise to implement the infection control programme had been addressed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the 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</p>	<p>PA Low</p>	<p>Residents who developed an infection were informed of this and family/whānau were advised. The process was culturally appropriate, and included verbal information being provided by the GP and registered nurses. Residents and family/whānau interviewed confirmed that they received information that they could understand in a timely manner that was respectful of their cultural values and needs.</p> <p>Although surveillance data was documented and analysed using consistent processes and definitions, it did not include ethnicity data. Monthly surveillance data was shared with staff at meetings, and this was confirmed during staff interviews.</p>

<p>an equity focus.</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 organisation was committed to providing a no-restraint service. It was reported there had been no use of restraint since the current directors took ownership. One of the registered nurses was designated as the restraint coordinator. The restraint policies met the requirements of the restraint minimisation and safe practice standard. Goals for minimising the use of restraint were discussed at team meetings. All staff completed a restraint minimisation competency during orientation. This included definitions, types of restraint, consent processes, monitoring requirements, de-escalation techniques, risks, reporting requirements, evaluation, and review process. On-going education was provided.</p> <p>The previous area requiring improvement (NZS 8134:2008, criteria 2.1.1.4) regarding consents for the use of bed levers had been addressed. There were six residents with bed levers in place. Consents were signed by the resident, the general practitioner and the EPOA in the event the resident was unable to sign.</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 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	PA Negligible	Staff files were complete; however, staff personal details did not include ethnicity.	Staff details did not include ethnicity.	<p>Included ethnicity is staff data.</p> <p>180 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and organisations</p>	PA Low	Connections had been made with local Māori organisations and health care providers, and partnerships were developing, however at the time of the audit these were not fully established into meaningful partnerships.	Meaningful partnerships with Māori communities and organisations are not yet fully established.	<p>Ensure meaningful partnerships with Māori communities and organisations are fully established.</p> <p>180 days</p>

to benefit Māori individuals and whānau.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	The medication system was appropriate to the scope of the service, and all medications administered was recorded. However, the effectiveness of pro re nata (PRN) medication was not always recorded as per best practice guidelines.	Not all PRN medication administered had the effectiveness recorded.	<p>Ensure all PRN medication administered has the effectiveness is recorded.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Records detailing the method, documentation and analysis of surveillance data was appropriate to the service type and size, however the data did not record the resident's ethnicity.	Surveillance records do not include ethnicity data.	<p>Ensure surveillance records include ethnicity data.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.