

Golden Pond Private Hospital Limited - Golden Pond Private Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Golden Pond Private Hospital Limited
Premises audited:	Golden Pond Private Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 March 2023 End date: 14 March 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	60

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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

Golden Pond Private Hospital Limited provides hospital and rest home level of care for up to 61 residents. No residents are receiving rest home level care presently. Golden Pond Private Hospital has been providing services for this community for 34 years. The owner/director was available and interviewed at this audit.

The facility manager has been in this role for 18 months and is supported by the clinical manager who has only been in the role for six months. One general medical practitioner is contracted to this service and visits weekly and as needed. Only a few residents by choice have their own general practitioner and visits are arranged in a timely manner.

This unannounced surveillance audit was conducted against the Ngā Paerewa Standards. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, whānau/family members, the owner/director, the facility and clinical managers, a GP and staff.

There were no improvements from the previous audit to follow-up. Two improvements were identified at this audit in relation to evaluation of goals and neurological observations.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

Staff are provided an appropriate orientation and participate in ongoing planned education. All employed and contracted health professionals maintain a current annual practising certificate. All care staff have a first aid certificate. Staffing is managed effectively providing adequate cover, and two new graduate nurses are well supported by the senior registered nurses.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and family/whānau and legal representatives to assess, plan and evaluate care. The care plans demonstrated

appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

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

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

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

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

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibration of equipment was verified. Internal and external areas are accessible, safe and meet the needs of residents.

The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security is maintained.

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

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

Subsections applicable to this service fully attained.

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint policy states a commitment to promote elimination of restraint. Education is provided to staff at orientation and is ongoing. Two residents were using restraint on the day of audit and were managed as per protocol and safety is maintained.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	2	0	0	0
Criteria	0	52	0	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>Golden Pond Private Hospital has a cultural policy reviewed in April 2022. The facility manager ensures Māori applicants for positions advertised are provided every opportunity for all roles, and all applications are acknowledged and recorded as part of the human resource management process. Seven (7) residents of 60, identify as Māori. Forty (40) of 92 current staff working at this facility identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published. The provision of equitable services that are underpinned by the Pacific peoples' worldview policy notes 'to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and family'. Cultural assessment and care plans for residents of each Pacific country are available to implement.</p>

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		Models of care for each are clearly documented and implemented. Tikanga best practice is acknowledged and respected as well as customs and traditions. No residents on the day of the audit identified as Pasifika. There are currently no staff members who identify as Pasifika.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The cultural safety policy in place and Māori health care plan utilised, supports Māori mana motuhake. Residents and family/ whānau were involved in the assessment process and planning of their care.</p> <p>Family/whānau and Māori residents confirmed that they were consulted on residents' cultural needs and the identified needs were being observed. Staff understood this requirement.</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>The service responds to residents and tāngata whaikaha needs as required and encourages participation in te ao Māori. Māori residents are encouraged to start a meeting with karakia and there is a kaumatua to provide cultural support when required. The cultural safety policy guides staff practice. Māori language week was celebrated. Te Tiriti o Waitangi training for staff was booked for 16 March 2023. Te reo Māori words for locations were posted on doors around the facility. Staff who identify as Māori were observed speaking to Māori residents in te reo.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The overall approach to care is strengths-based and holistic, taking each resident's capabilities and potential into account. Te Whare Tapa Whā model of care is utilised for Māori residents. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents and family/whānau, regular meetings with residents and family/whānau, and the complaints management processes. The interviewed residents, family/whānau and enduring power of attorney (EPOAs) confirmed satisfaction with the support being provided and they expressed that residents are treated</p>

		fairly.
<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>Residents' records reviewed evidenced that consent was obtained as part of the admission process with admission agreement and informed consent forms signed by residents, family/whānau or their legal representatives. Staff were observed to seek consent from residents for personal care tasks. Staff understood the tikanga best practice in relation to consent. Interviewed residents confirmed that staff seek consent appropriately.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. There is also a complaints flowchart developed and implemented. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>Staff and residents interviewed stated that they are fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family member. Family members commented that any issues are dealt with swiftly and professionally.</p> <p>There have been 10 written and verbal complaints received since the</p>

		<p>last audit. Complaints were acknowledged, investigated and followed up in a timely manner. One complaint was open at the time of the audit. The facility manager is responsible for complaints management and maintaining the complaints register.</p> <p>Follow-up recommendations from a previous complaint (which had been closed out effectively) from the Health and Disability Commissioner's office in relation to staff training and falls management was followed through and has been fully addressed.</p> <p>No complaints in the last year have been received via the Health and Disability Commissioner's (HDC) office, independent advocacy service, Te Whatu Ora (TWO) or the Ministry of Health (MoH) since the last audit. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter or the Kaumatua, if this is required. The service is considering translating the complaints form into te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Golden Pond Private Hospital provides aged related residential rest home and hospital level care. The owner/director was interviewed at the audit and stated that the facility has been through changes in the management team since the last audit, but staff have been supportive. The facility manager is supported by a clinical manager and an experienced senior administrator. Six registered nurses are employed, of which two are new graduate registered nurses.</p> <p>The manager has previously attended training on Te Tiriti in the last two years at Whakatane Hospital but is yet to do more specific training on equity. The service provider endeavours to provide equitable services for Māori as documented in policy and aims to reduce any barriers for those residents who identify as Māori and those with disabilities. However, the manager is yet to review services to ensure that they improve outcomes and achieve equity for Māori.</p>

		<p>A Māori Anglican minister advises cultural aspects of service delivery and leads Karakia. A kaumatua for this service is a resident, who likes to participate and provide cultural advice on a regular basis and ensures obligations to meet the needs of Māori residents are met. There are seven residents who identify as Māori who have been at this facility for several years. The owner and management staff ensure they maintain a good honest relationship with all residents, families and extended families/whānau and local community organisations. Core competencies are completed by all staff and a Tiriti o Waitangi course is planned for 16 March 2023, as per the training programme reviewed.</p> <p>The service has a focus of ensuring services for tāngata whaikaha, which are undertaken to improve resident outcomes and this is explicit within the business and strategic plan.</p> <p>Golden Pond Private Hospital has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora for long term support chronic health conditions (LTSCH) and younger person with a disability (YPD), rest home, palliative care (two beds), Accident Compensation Corporation (ACC) and hospital level care. Three residents are under 65 years of age (YPDs). Five residents were on the LTSCH contract, including the three YPDs, one ACC resident, no rest home level care, one palliative care and 53 hospital level care residents. On the day of audit 60 residents were receiving care. The hospital has a total of 61 beds.</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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management. The manager and CM are responsible for implementation of the quality and risk system with input from the recently employed senior administrator.</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>There are a range of internal audits planned for 2023, which are undertaken using template audit forms. A general audit was performed 8 March 2023 by the administrator and the results were available for review. The service prioritises any findings related to key aspects of service delivery and resident and staff safety. Any issues are addressed with corrective action requests. The staff are informed of any results.</p> <p>An annual resident survey was facilitated in November 2022 with 25 resident participants. A staff survey was last performed 12 August 2022.</p> <p>Health and safety systems are implemented. There is a current up-to-date hazard register and a separate hazardous substance register which is maintained by the facility manager.</p> <p>A risk management plan for 2023 with aims and objectives and ambitions being documented, is in place.</p> <p>Staff meetings are held regularly, and minutes of meetings were reviewed. Quality service review meetings and management meetings are held two-monthly. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints/compliments, residents/family feedback and changes in process/systems including those related to infection prevention are discussed. Resident meetings are held monthly. Staff interviewed confirmed they feel well supported. Separate meetings are held for the kitchen staff and domestic staff as needed. While there is satisfaction with services provided, the administrator stated that there is not yet a critical analysis of organisational practices at the service level, aimed to improve health equity, within Golden Pond Private Hospital. The care staff understood the Māori constructs of Pae Ora and have completed cultural competencies, and endeavour to ensure Māori residents</p>
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		<p>receive culturally appropriate care.</p> <p>The facility manager and CM were familiar with essential notification reporting requirements. One Section 31 notification was forwarded to HealthCERT over the last year in relation to the registered nurse shortage (four registered nurses resigned for different reasons at the same time). The service had good coverage at the time of the audit. The FM is responsible for essential notifications.</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>	PA Low	<p>There is a documented process determining staffing levels and skill mix to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. Family interviewed supported this.</p> <p>The healthcare assistants (HCAs) have all completed relevant competencies such as for infection prevention and control, restraint and cultural safety. There are four level four team leaders and two other HCAs who have level four qualifications. Other care staff are enrolled and completing recognised New Zealand Qualification Authority (NZQA) aged related care training. The level four HCAs have also completed medication, cultural and restraint competencies. All clinical staff have completed first aid training. Each shift, there is always at least one staff member on duty who has completed this required training.</p> <p>The FM has attended relevant leadership training and other courses related to palliative care and aged care. The FM covers the after-hours service 24 hours a day, seven days a week (24/7). When the CM is fully orientated, the after-hours service will become a shared role. The service recently welcomed two new graduate nurses to the staff, one working full-time and one part-time. These graduate nurses will receive mentorship from the senior registered nurses. The facility manager</p>

		<p>completes the roster and ensures the service is adequately covered. The last six weeks rosters were reviewed. Staff were replaced as needed for any leave, planned or unplanned.</p> <p>A diversional therapist is employed 60 hours a fortnight Monday to Friday and a newly employed activities assistant works 18 hours a fortnight. Activities are planned effectively, and resources are readily available.</p> <p>Staff have been provided with training on cultural safety and aspects of the Te Tiriti. Work is yet to be undertaken to ensure assistants meet the needs of people equitably, to include high quality Māori health information in the education programme provided, and to invest in the senior staff health equity expertise.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates.</p> <p>A comprehensive orientation and induction programme has been implemented and staff confirmed their usefulness and applicability and felt well supported. New care partners are 'buddied' to work with a senior healthcare assistant for orientation and spend time with the clinical manager. Additional time is provided as required. A checklist is completed.</p> <p>Staff ethnicity is being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept securely.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Entry into service enquiries, admission records and those declined entry are maintained. Work is in progress to implement routine analysis of entry and decline rates including specific data for Māori. The service has established links with the local Marae and other organisations for the benefit of Māori residents and whānau when required. Māori residents are supported to access traditional Māori healing services as required.</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>	PA Low	<p>Care planning for Māori residents includes accessing cultural advice when required. Residents and their family/whānau are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The cultural safety policy was developed in consultation with a cultural advisor. The Māori health care plan used supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The Māori health care plan includes the four cornerstones of Māori health (Te Whare Tapa Whā model of care). The long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included in practice and in assessment and care planning. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. Staff understood the process to support residents and family/whānau. Interviewed residents and family/whānau confirmed satisfaction with cultural support provided by the service.</p> <p>InterRAI generated care plans are utilised. Management of specific medical conditions were well documented. Wound management plans</p>

		<p>were completed with regular wound evaluation completed. Six-monthly care plan evaluations were completed, with a new care plan completed every six months. An area requiring improvement was identified in relation to evaluation of goals of care. Falls assessment was completed for all residents and management plans were completed for residents who were at risk of falls. Incident forms were completed for accidents and incidents with investigation of incidents completed regularly. Interviewed staff understood processes implemented to prevent falls. However, neurological observations were not completed at the required frequency post unwitnessed falls.</p> <p>Onsite medical services are provided once per week and on-call after hours services are provided when required. Some residents have chosen to continue having care under their own general practitioners (GPs) of choice. Medical assessments were completed by the GPs and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Changes in residents' health were escalated to the GPs. Referrals to specialist services were completed where required with the resident or EPOA's consent. The interviewed GP confirmed satisfaction with the care being provided. Residents were transferred to acute services where required and discharges were managed effectively.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided, and in accordance with the residents' needs. Residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	FA	<p>Opportunities for Māori residents to participate in te ao Māori include celebration of Matariki Day, Māori music included in weekly sing-along</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>		<p>sessions, and some Māori residents opening meetings with karakia and mihi at the end of residents' meetings. Van outings are completed weekly into the community. Māori cultural external entertainment is provided. Family/whānau visit the residents in the facility and competent residents go out as desired.</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 implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs. Over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for as-required (pro re nata PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication was stored safely in the locked medication room and trolley. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when residents are transferred back to the service. All medicines in the medication room and trolley were within current use-by dates. Clinical pharmacist input was provided on request and six-monthly. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperature for the</p>

		<p>medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Appropriate procedures were completed for residents who were self-administering medication. Residents and their family/whānau are supported to understand their medications when required. The GP stated that appropriate support and advice for treatment for Māori would be provided where required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The current menu in use was last reviewed within the past two years. The food control plan expires on 9 October 2023. The cook stated that menu options culturally specific to te ao Māori will be provided per residents' request. Family/whānau are welcome to bring culturally specific food for their relatives if desired. The interviewed residents and family/whānau expressed satisfaction with the food options provided by the service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>The transfer and discharge policy and procedures are documented. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the</p>

<p>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>residents and their family/whānau or EPOAs where applicable. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evidenced in residents' transfer records reviewed.</p>
<p>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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose.</p> <p>There is a current building warrant of fitness which expires 1 June 2023. Electrical testing and tagging last occurred 23 January 2023, and calibration of equipment and hoist checks were current and up to date.</p> <p>Whanau/family interviewed were happy with the environment being suitable for their family member's needs. There are well maintained garden areas around a large pond and in and around the facility. Shaded areas are provided. The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. There is te reo Māori signage and cultural artwork displayed around the facility. No new building is taking place at the present time. Residents have their own rooms. There is one main lounge which is well designed and spacious, and small recess areas are available around the facility for residents to sit and enjoy the sun and have privacy or quietness. The dining area is very large, to accommodate residents with disabilities and wheelchair access.</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>There is a fire evacuation plan in place that has been approved by Fire and Emergency New Zealand (FENZ) on 7 July 2006. A fire evacuation</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>drill was last conducted on 11 October 2022. A list of current residents and their individual abilities/needs in the event of a fire or other civil defence emergency was sighted.</p> <p>Security is managed by the staff by checking all external doors and windows on the afternoon and night shifts. There are bells for the after hours, located at both the rear and front entrances to the facility. There have been no security breaches of any kind reported. Staff wear name badges for identification.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The pandemic/outbreak management plan in place was last reviewed in November 2021. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP that acknowledge the spirit of Te Tiriti were included in the Māori Health Plan and staff were aware of them. The clinical nurse manager reported that consultation for IP requirements is completed with the residents and family/whānau as needed. Residents confirmed satisfaction with consultation provided in relation to infection prevention matters. Educational resources in te reo Māori were available.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection control coordinator's responsibility is documented in their job description. Healthcare associated infections are monitored using the infection reports completed. Infection data is collated, analysed and corrective actions implemented where required. Good practices around urinary tract infection prevention was maintained. The infection control coordinator reported that culturally safe processes for communication is provided as required. Family contact records in relation to infection notification were evidenced in the progress notes. The interviewed residents and family/whānau expressed satisfaction with the communication provided. COVID-19 infection outbreaks reported since the previous audit were managed effectively with appropriate</p>

		notification completed. Infection surveillance includes ethnicity data.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>There is a commitment from governance in the restraint policy toward eliminating restraint. There were two residents requiring the use of a restraint on the day of the audit. Monthly reporting is provided by the restraint coordinator to the facility manager and discussed at the quality and safety meeting. A restraint audit was completed 27 January 2023 on all aspects of managing restraint safely. Restraint management is communicated to staff during orientation and as part of the ongoing education programme.</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 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>Whilst training on cultural safety and aspects of the Te Tiriti has been undertaken, the service is to look to provide healthcare assistants with training on health equity.</p>	<p>Training specific to health equity has not been provided to staff.</p>	<p>Provide training on health equity to staff to develop their competencies in this area.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes</p>	PA Low	<p>Cultural assessments were completed by the RNs. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Strategies to maintain and</p>	<p>Seven incident forms reviewed related to unwitnessed falls did not have neurological monitoring completed at the frequency required by the organisation's policy. For example, the policy stated that neurological observations for the residents with Glasgow coma scale of 15 are to be completed every 30 minutes for the first two hours then hourly for the next four</p>	<p>Ensure neurological monitoring is completed post unwitnessed falls as per organisation's policy.</p> <p>90 days</p>

<p>the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Behaviour management plans were completed for any identified behaviours of concern. Any family/whānau goals and aspirations identified were addressed in the care plans. Residents are supported to access traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia if desired. Staff confirmed they understood the process to support residents and whānau.</p> <p>The care plans evidenced service integration with other health providers including medical and allied health professionals. Notations were clearly written, informative and relevant. Residents, family/whanau and EPOAs confirmed being involved in the assessment and care planning process.</p> <p>Incident forms were completed following a resident's fall. Interviewed staff were aware of the monitoring requirements needed following an unwitnessed fall. Early warning signs and risks that may affect a resident's wellbeing were identified and documented where appropriate. Post fall physical assessments was completed. However, neurological observations following an unwitnessed fall were not adequately monitored as per the organisation's policy.</p>	<p>hours and four-hourly thereafter. The sampled records showed that the neurological observations were completed inconsistently, without following the recommended frequency.</p>	
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<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. Residents, family/whānau or enduring power of attorney (EPOAs) confirmed being involved in the assessment and care planning processes.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Residents' daily care was recorded in the progress by the care staff. However, degree of achievement of agreed goals and aspirations was not documented in the care plans reviewed. The clinical nurse manager and the clinical nurse leader stated that the interRAI generated care plan does not have an option to comment on the evaluation of goals. Where progress was different from expected, the service, in collaboration with the resident or family/whānau,</p>	<p>In all five residents' files reviewed, the degree of progress towards the achievement of agreed goals and aspirations of residents and family/whānau was not evidenced.</p>	<p>Ensure that care evaluation includes the degree of achievement towards agreed goals and aspirations.</p> <p>90 days</p>
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		responded by initiating changes to the care plan.		
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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, these 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.