

Sunrise Healthcare Limited - Jervois Residential Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Sunrise Healthcare Limited
Premises audited:	Jervois Residential Care
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 9 January 2023 End date: 9 January 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	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

Jervois Residential Care provides residential disability services – intellectual and physical; hospital services (medical and geriatric), and rest home care for up to 46 residents. On the day of the audit there were 39 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

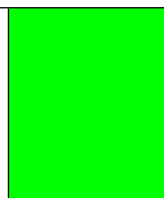
The facility manager (director) and service manager (director) provide oversight of the facility with the clinical manager taking responsibility for clinical care and support. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The shortfall identified at the previous audit around corrective action plans has been addressed.

Shortfalls identified at this audit are around staff training and performance appraisals; care planning timeframes and evaluations, the activities programme; and medication management.

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.

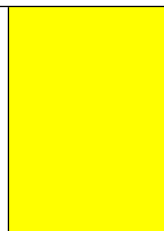


Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori Health Plan is being developed by the organisation. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The business plan includes a mission statement and operational objectives. The service has a documented quality and risk management programme in place that take a risk-based approach. Internal audits, review of adverse events, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions resolved in a timely manner.

There is a staffing and rostering policy. A role-specific orientation programme is implemented, and a staff training programme planned.

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 medium or high risk and/or unattained and of low risk.
---	--	--

The clinical manager and registered nurses are responsible for each stage of service provision. Residents' records reviewed confirmed that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration and are expected to be reviewed at least six monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Policies related to administration and management of medication reflect legislative requirements, current standards, and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The service adopts a holistic approach to menu development that ensures cultural beliefs, values, and protocols around food are met. There are menu options culturally specific to te ao Māori.

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

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

The building holds a current warrant of fitness. An approved fire evacuation plan is in place. The facility is secure after hours.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

The surveillance programme is documented. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has a robust pandemic plan in place; there is Covid-19 screening in place for residents, visitors, and staff, and staff have access to supplies of personal protective equipment. There has been one outbreak (Covid-19) since the previous audit.

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 coordinator is the clinical manager. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. There were no restraints in use at the time of the audit.

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	15	0	2	3	0	0
Criteria	0	42	0	3	4	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 confirmed that the service supports a Māori workforce. While the service did not have staff identifying as Māori (or having whānau connections) at the time of the audit, there was a policy of equal opportunity and the facility manager stated that Māori would be encouraged to apply for and would be interviewed for roles.</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>	Not Applicable	<p>The service is developing plans to partner with a Pasifika organisation or leader who identifies as Pasifika to provide guidance and consultation to develop a Pacific Health Plan. At the time of the audit, there were three staff who identified as Pasifika at Jervois Residential Care.</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>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>	Not Applicable	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager confirmed that the service is working to engage with local iwi or health services to ensure that Māori mana motuhake is recognised. This was explicit in the Māori health plan.
<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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by encouraging staff to use te reo Māori in everyday conversation.</p> <p>Interviews with the three managers (facility manager, service manager, and clinical manager) and five staff members (three caregivers, maintenance staff, and one cook) confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific online cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</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>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit,</p>

		there were residents who identified as Māori.
<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>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The tikanga guidelines are available to all staff. The RNs were able to describe the process of informed consent including getting verbal consent when interacting with the resident. There was evidence of family input and inclusion in decision making along with the resident.</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 complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The managers maintain a record of all complaints, both verbal and written on a complaint register. There have been three complaints in 2022. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Discussions were held with seven residents (one requiring rest home level of care, six requiring hospital level of care including two younger residents), three family members (all with family members requiring hospital level care). Residents and family confirmed they are provided with information on the complaints process. Complaints forms are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern including the resident meetings or through talking with any other managers.</p> <p>Interviews with the managers confirmed their understanding of the</p>

		complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.
<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>Jervois Residential Care provides care for up to 46 residents. All resident rooms are dual-purpose. This is one of four aged care facilities owned and managed by Sunrise Healthcare. The service holds contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland and Whaikaha Ministry of disabled people. The service is certified to provide residential disability services – intellectual and physical; hospital services – medical and geriatric; and rest home care with 39 residents in the service at the time of the audit. This included 14 residents at rest home level of care and 25 hospital level residents. Residents are under the aged residential care contract, apart from the following: six residents were on the young persons with a physical disability (YPD) contract (all at hospital level). There is one resident under a long-term support – chronic health conditions (LTS-CHC) at hospital level of care. Two residents are under a mental health contract (hospital level of care). One resident is under a primary options for acute care (POAC) contract. There were no residents with an intellectual disability.</p> <p>The service organisation philosophy and business plan reflect a resident/whānau-centred approach to all services. The business plan for 2022 has been reviewed with a 2023 business plan documented for the service. This is reviewed annually by the service and facility managers. The quality and risk management plan (2023) identifies objectives with anticipated outcomes. The quality plan is reviewed at meetings with quarterly reporting completed by the clinical manager.</p> <p>There are two owners/directors (referred to as the facility manager and service manager) who own this facility and three other facilities. They provide input into the service with one being responsible for oversight of administration including payroll services and the other for information technology and property management. Both managers are on site most days of the week to provide oversight</p>

		<p>and support. They can relieve for the administrator if on leave. The facility manager and service manager are working towards completing competencies related to Te Tiriti, health equity and cultural safety.</p> <p>The clinical manager (CM) is a registered nurse who has 13 years' experience in aged care nursing and five years in the current role. The CM has a Bachelor of Nursing and postgraduate certificates in pain management. The clinical manager has maintained a minimum of eight hours of professional development relating to managing an aged care facility. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori.</p> <p>The management team is working to collaborate with mana whenua (staff and whānau contacts) in business planning and service development to improve outcomes and achieve equity for Māori, and to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha. There are a range of mechanisms set up to encourage residents to have meaningful discussions and input into service delivery at a governance level. Discussions from the monthly resident (family members are invited to attend) meetings are documented in the meeting minutes and given to the service manager. The service manager stated they value input from residents and family. Meeting minutes reviewed evidenced issues were acted upon and progress towards resolution was documented. There are also annual satisfaction surveys with the 2022 survey report indicating that residents and family were very happy with the services provided. Residents have input to care plan and goal setting.</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 service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, analysed, and cascaded for discussion in monthly staff meetings. Staff meetings also provide an avenue for discussions in relation to quality data, health and safety,</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>infection control/pandemic strategies, complaints received, staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. The previous shortfall (NZS 8134:2008 criteria 1.2.3.8) related to corrective action planning identified at the last audit has been addressed.</p> <p>Separate resident and family satisfaction surveys are completed annually with the last completed in 2022. The survey reflected high levels of overall satisfaction which was also confirmed during interviews with the residents and family.</p> <p>Each incident/accident is documented in hard copy. Twelve accident/incident forms reviewed for 2022 indicated that the forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings.</p> <p>Discussions with the facility and clinical managers evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. A section 31 report had been completed to notify HealthCERT around a pressure injury. There had been one outbreak documented since the last audit (Covid-19). This was appropriately notified, managed and staff debriefed.</p> <p>The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. The service is working towards critical analysis of data which includes a fuller documented approach to use of ethnicity data.</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</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The clinical manager, registered nurses, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, noting that due to the nationwide nursing shortage and the lack of availability of nurses applying for roles at the service, the clinical</p>

<p>services.</p>		<p>manager is covering shifts most of the time. There is also no activity coordinator role (link 3.3.1). A review of the last three months rosters confirmed that there was a clinical manager or registered nurse on each shift. Out of hours on call cover is provided by the facility manager, clinical manager, and service manager. A clinical manager from a neighbouring service performs the clinical manager's role in their absence, and clinical manager from another service is able to cover for the facility or service manager in their absence.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>Registered nurses are rostered for 12-hour shifts and are on shift at all times. The clinical manager and the clinical manager from the neighbouring facility are on call.</p> <p>Staff were observed attending to call bells in a timely manner. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide adequate support. Residents and family interviewed also reported there are sufficient staff numbers.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training. Cultural awareness training took place in 2022, including the provision of safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provides resources to staff to encourage to participate in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff training has included sessions on moving people and equipment, open disclosure, the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and privacy/dignity to ensure the needs of younger residents are met. There is also training around management of challenging behaviour. Mental health training included de-escalation, effective communication to handle stress and managing stress. All of the training is completed online. Individual records are available; however, there is no ability to collate training data to review from an organisational perspective. External training opportunities for care staff include training days provided by Te Whatu Ora - Auckland.</p>
------------------	--	---

		<p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fourteen caregivers are employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Five caregivers have achieved a level 4 NZQA qualification, four level 3, three have achieved level 2, and two have achieved level 1.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include an interRAI assessment competency, with three registered nurses and the clinical manager interRAI trained. Competencies for RNs include insulin, wound management, and subcutaneous administration of medication. All care staff are encouraged to also attend external training, webinars and zoom training where available.</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>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review. The recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>A register of practising certificates is maintained for all health</p>

		<p>professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who have been employed for over one year are expected to have an annual appraisal completed; however this was not always evidenced in the staff files reviewed.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with an employee ethnicity database maintained.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>There are policies documented around admission and decline to guide management around admission and declining processes including required documentation. The clinical manager maintains records of admissions and declined referrals. This captures ethnicity data including Māori.</p> <p>The service is working to identify supports to benefit Māori and family and this will include the development of meaningful partnerships with Māori communities and organisations.</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 Moderate	<p>Five resident files were reviewed: two rest home (both under the ARRC contract); one hospital young person with a physical disability (LTS-CHC); two hospital level of care (both under the ARRC). The clinical manager and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the assessment and care planning processes.</p> <p>There were shortfalls identified in relation to completion of initial assessments, interRAI assessments and completion of care plans.</p>

		<p>Cultural needs, values and beliefs are not documented well in the care plan and as there were no activity plans documented currently. There was limited evidence in care plans for younger people around their strengths, goals, and aspirations that aligned with their values and beliefs. Two residents who identified as young people stated that they did not feel that their strengths and aspirations were actualised (link 3.3.3); however, residents interviewed described having choice and control over their supports and did not find barriers that would prevent them from accessing information. Risk assessments sighted did not evidence early warning signs, triggers for identifying behaviours that challenge and de-escalation plan.</p> <p>Evaluations are expected to be completed six monthly or sooner for a change in health condition and contained written progress towards care goals; however, these were not always evidenced as occurring within expected timeframes.</p> <p>The service contracts a general practitioner (GP) who routinely visits twice weekly and provides after hours support. All residents had been assessed by the general practitioner (GP) within five working days of admission. Resident files sampled confirmed that they were seen by the GP at least three monthly and as changes occurred. The GP interviewed confirmed that they were confident that quality care was being provided and that any queries and concerns were escalated promptly. The GP also stated that the RNs and clinical manager followed up on any directives immediately. Specialist referrals are initiated as needed. The service has a physiotherapist available three hours a week with a physiotherapy assistant working with residents during the week for set times. Allied health interventions were not well documented in the resident files reviewed. A podiatrist visits regularly. Mental health team support is documented and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora - Auckland service.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by caregivers and RNs. Progress notes were brief</p>
--	--	---

		<p>and did not always include changes that occurred for the resident.</p> <p>Residents interviewed reported their needs and expectations regarding their health and care were being met. When a resident's condition alters, the clinical nurse manager, or an RN initiates a review with the GP. Family were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status. A family/whanau contact sheet records family notifications and discussions.</p> <p>Assessments and plans to manage wounds were well documented with progress showing improvement documented as per regular timeframes indicated. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for the two residents with chronic wounds. Wound dressings were being changed appropriately and a wound register is maintained. There was regular communication and well documented input from the local Te Whatu Ora wound nurse specialist.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available. Care plans reflect the required health monitoring interventions for individual resident. Monitoring of bowels, blood pressure and vital signs, weight, blood sugar levels, and toileting regime are documented. However turn charts were not documented as being completed. Neurological observations are completed for unwitnessed falls, or where there is a head injury. There is a policy and procedure for recording neurological observations which is followed, and all neurological observations reviewed were fully completed as per policy.</p> <p>The service is working to develop links with Māori so that they can better understand and support Māori and whānau to identify their own pae ora outcomes in their care plans. They are also working to develop policies around having tāngata whaikaha and whānau participation in service development.</p>
--	--	---

<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Moderate</p>	<p>The service previously employed an activities coordinator who led and facilitated the activity programme Monday to Friday. Out of hours there are caregivers who support residents and facilitate activities when they can. The activities calendar used in the past was not able to be sighted and the activities coordinator has resigned from the position. This has left a void in the provision of activities for all residents. Residents and family all raised this as an issue but acknowledged the work put in by the clinical manager, nurses and other staff who were working to support them on a day-to-day basis (all stated that they were not able to provide activities currently). All raised the nationwide nursing shortage and the effect it had had on their service as an issue that had also affected the ability of staff to offer activities. They described the activities programme that used to be provided as being appropriate to their age and interests.</p> <p>Resident meetings were a forum described by those interviewed as a way of feeding back on service development; however, young residents did not think this was useful for them. The last resident meeting was in August 2021 (minutes documented and the clinical manager stated that a resident meeting was held in October 2022 ; however, minutes could not be found on the day of audit).</p> <p>Younger residents meet up with each other regularly to go on outings, or shopping. The service encourages and supports younger residents to be as independent as able. During the audit, younger residents were observed gardening.</p> <p>Each resident is expected to have an activities assessment and plan developed on admission with this reviewed at the same time as the review of the care plan which is reflective of their needs. The service is working towards facilitating opportunities for Māori to participate in te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered</p>

<p>access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications apart from staff observed giving controlled drugs on the day of audit. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medication supplies are checked in to the facility and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. Younger people are supported to access medication and self-administer medication should they wish to. There was one resident self-administering medications, a competency was completed, and the medication was stored in a locked drawer in their bedroom. Staff described checks to ensure that medication was being taken; however there was no documented evidence of the checks occurring.</p> <p>There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
--	---

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The cook oversees the on-site kitchen, and all cooking is undertaken on site. The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. There are menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose, and comply with legislation relevant to the health and disability services being provided. There is a current building warrant of fitness, and the environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building but is in the process of establishing access to Māori to ensure any designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan was sighted as being approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours, with staff completing security checks at night. There are procedures to restrict staff if there is any Covid-19 on site of if visitors identify as being sick.</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 service has a pandemic plan which includes the Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori can advise around culturally safe practices acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner in relation to infection control.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p> <p>Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There has been one outbreak since the previous audit (Covid-19)</p>

		August 2022). The facility followed their pandemic plan. Staff wore personal protective equipment (PPE), with residents and staff having rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was restricted.
<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>The facility manager, service manager and clinical manager are committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families and residents, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility wishes to work in partnership with Māori, to promote and ensure services are mana enhancing. Residents have the opportunity to provide feedback through resident meetings on any restraint practices.</p> <p>The designated restraint coordinator is the clinical manager. There is no use of restraint in the service. The clinical manager reported that if restraint was used, then this would be included in quality data. Staff meetings do have a standard agenda item that elicits discussion to ensure that there is still no restraint in place.</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 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>Staff complete online training. A record of the training topics is available in individual files on the online system; however, the system has no ability to report on the number of staff who have completed each topic allocated. The manager advised that when staff finish online training, an email is sent to the clinical manager. The clinical manager has had insufficient time (given the shortage of nurses and the need for her to be on the floor) to document a record of each staff members training.</p>	<p>There is no record of the number of staff who have attended each education session on the online system as directed.</p>	<p>Record evidence of completion of training.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the</p>	PA Low	<p>Performance appraisals have not been completed annually as expected in policy. One of the five staff files</p>	<p>Four of four staff files reviewed had an outdated performance appraisal and one did not have one completed</p>	<p>Ensure that performance appraisals are completed annually</p>

opportunity to discuss and review performance at defined intervals.		reviewed was not required to have a performance appraisal and none of the remaining four reviewed had completed an appraisal in the past year.	since starting.	as per policy. 90 days
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	<p>One record for a resident who had been in the service for over three years included all documentation (initial assessment, plan, ongoing assessments if an interRAI was not expected to be completed, care plans and evaluation of care). All residents had a current interRAI completed apart from one resident who was not required to have an interRAI completed as per contract.</p> <p>Not all initial assessments, care plans long term care plans were completed within expected timeframes. One resident was new and was not yet required to have a long-term care plan documented.</p>	<p>i). Three of five initial assessments were incomplete or not documented.</p> <p>ii). Three of five initial care plans have not been completed.</p> <p>iii). Two residents did not have a complete long term care plan.</p> <p>iv). One had a care plan that was completed prior to the interRAI being completed.</p> <p>v). Evaluations have not been documented in three of three resident records reviewed that required evaluations.</p>	<p>i). – iv). Ensure all initial assessments, care plans and long-term care plans are completed within expected timeframes.</p> <p>v). Ensure care plan evaluations occur at least six monthly.</p> <p>90 days</p>
<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</p>	PA Moderate	<p>Progress notes in all five records were brief and did not include a resident's progress to goals, a record of events on each shift, details of a resident's status and achievements, any details of a change in condition, medication of any incidents that occurred. Notes to be documented by allied health or allied health support staff were not sighted as being documented in two resident records reviewed. Progress notes are very brief stating in most for example 'turns completed,' or 'bowel care.'</p>	<p>(i). Progress notes reviewed were brief and did not always include care provided or an update on events, discussions, or observations of the resident on the day the progress note is documented; (ii) In two records reviewed, progress notes were not well documented by allied health or allied health support staff.</p>	<p>(i)-(ii) Ensure documented progress notes and allied health notes describe the care the resident has received, and any important changes.</p> <p>90 days</p>

<p>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>Progress notes were not well documented by allied health or allied health support staff in two records reviewed. There is a handover (observed), and this included communication of events, changes, and details of the resident's care.</p>		
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA</p> <p>Moderate</p>	<p>The activities coordinator has resigned, and the service is in the process of recruiting a replacement. As a result, the activities programme was not able to be sighted.</p> <p>One resident was newly admitted to the service and had not been in the service long enough to have an activities assessment of plan completed. Younger residents interviewed did not feel their strengths and aspirations were actualised.</p> <p>All residents interviewed stated that there were no activities provided by the service and all raised this as a significant issue. They also stated that they did have freedom to engage in</p>	<p>i). There is no activities programme in place to meet the needs of residents.</p> <p>ii). Four of four resident files did not have an activities plan that would support meaningful activities to be planned for and facilitated.</p> <p>iii). One of four resident records reviewed included a brief activities assessment and one had been completed in 2021.</p> <p>iv). One resident file did not have an activity assessment completed.</p> <p>v). There was no documented evidence of residents meetings</p>	<p>i). Ensure an activities programmes implemented to meet recreational needs of the resident group.</p> <p>ii). Ensure residents have activities plans documented to ensure individual needs and aspirations can be recognised.</p> <p>iii). & iv). Ensure all residents have an activities assessment completed within expected timeframes.</p>

		<p>activities they were able to organise for themselves.</p> <p>Resident meetings were a forum described by those interviewed as a way of feeding back on service development; however, young residents did not think this was useful for them. The last resident meeting was in August 2021 (minutes documented and the clinical manager stated that a resident meeting was held in October 2022; however, minutes could not be found on the day of audit).</p>	<p>being held on a regular basis.</p> <p>vi). Younger residents interviewed did not feel their strengths and aspirations were actualised.</p>	<p>v). Ensure resident meetings are evidenced as occurring on a regular basis.</p> <p>vi). Ensure younger residents have access to activities planned that recognise their individual strengths and aspirations.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The staff member (a registered nurse) was observed administering medications on the day of audit. The staff member had a current competency and for regular and 'as required' medication, administered these as per policy. The staff member was required to give a controlled drug at lunchtime. This had been taken previously from the drug cabinet and the blister put into the medication trolley. The second checker had not sighted this as being taken from the cupboard and was shown only the blister pack.</p>	<p>The staff member administering controlled drugs on the day of audit did not follow correct procedures for checking or documentation as per policy.</p>	<p>Administer controlled drugs as per policy with additional training provided to staff around administration and their responsibilities.</p> <p>30 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Low</p>	<p>One resident is self-administering medication. There is a locked drawer in their bedroom to store the medication. There is a competency completed that confirms the resident is able to self-administer medication. While staff could</p>	<p>One resident is self-administering medication; however, confirmation that checks that the resident has taken medication is not documented.</p>	<p>Document evidence that checks that the resident has taken medication.</p>

		describe checking during the week to ensure that medication was taken, there was no record of checks having occurred in progress notes.		90 days
--	--	---	--	---------

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.