

# Norfolk Lodge Waitara Limited - Norfolk Lodge Rest Home

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## 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:** Norfolk Lodge Waitara Limited

**Premises audited:** Norfolk Lodge Rest Home

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 20 February 2023      End date: 21 February 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:** 36

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Norfolk Lodge is an independently owned facility that provides rest home and dementia level care for up to 40 residents. At the time of the audit there were 36 residents in total.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability services standard and the services contract with Te Whatu Ora Health New Zealand – Taranaki. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with family, management, staff, and a general practitioner.

The manager has been in the role for twenty-seven years and is a registered nurse and is supported by an assistant manager, a casual registered nurse, experienced healthcare assistants and experienced administration staff. The manager is supported by two directors who are the owners. The residents and relatives interviewed spoke very positively about the care and support provided.

There were no areas for improvement identified at the previous certification audit.

This audit did not identify any areas requiring improvement.

## Ō tatou motika | Our rights

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

Subsections applicable to this service are fully attained.

Norfolk Lodge provides an environment that supports resident rights and culturally safe care. A Māori health plan is in place. 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. 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.

Subsections applicable to this service are fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan informs the operational and clinical objectives which are reviewed on a regular basis. Norfolk Lodge has a well-established quality and risk management system that is directed by the manager with support from the directors. Quality and risk performance is reported across staff meetings and to the directors. Norfolk Lodge provides clinical indicator data for the two services levels being provided. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

## 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.

Subsections applicable to this service are fully attained.

The manager who is a registered nurse is responsible for care planning. Resident files reviewed evidenced resident and whānau input to decision making. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified on admission. There are additional snacks available 24/7. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

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

Subsections applicable to this service are fully attained.

The building has a current building warrant of fitness. The dementia unit is secure with a secure enclosed outdoor area. There is an approved fire evacuation scheme. Fire drills occur six-monthly.

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

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

Subsections applicable to this service are fully attained.

There is an organisational pandemic plan in place. Adequate supplies of personal protective equipment were sighted. A monthly surveillance infection control report is completed, analysis and benchmarking occurs. The report is communicated to staff via staff meetings and to the directors. A six-monthly comparative summary is completed. The service has had one Covid-19 outbreak in 2022. Covid-19 lockdown was managed, and precautions remain in place as per current guidelines.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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There are policies documented around restraint. At the time of the audit, the facility had one resident with a restraint. The restraint coordinator is the manager. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

## 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	22	0	0	0	0	0
Criteria	0	60	0	0	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

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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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	The manager who is a registered nurse (RN), confirmed that the service supports a Māori workforce with a proportion of staff identifying as Māori (or having whānau connections) at the time of the audit. The manager, directors, and a number of staff identify as Māori. They have support from the local marae elders. These staff will consult with each other and report on any barriers to the directors to ensure these can be addressed.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable	FA	The service partners with Pasifika organisations to provide guidance. The Pacific health plan is implemented. At the time of the audit, there were staff who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.



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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with nine relatives (five rest home and four dementia) and six rest home residents.</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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand the language. The staff noticeboards contain information on Māori tikanga practice. Interviews with care staff (two healthcare assistants, one diversional therapist and one recreational officer) and one manager (RN) 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 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 addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed stated the workplace had a positive culture supported by management</p>

		A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care plans, policies, the Māori health plan, and the Pacific Health plan. At the time of the audit, there were residents who identified as Māori and Pasifika.
<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	The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives participate in the decision-making process, and in the planning of care. The manager and healthcare assistants interviewed were knowledgeable around tikanga practices in relation to consent.
<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	The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The manager maintains a record of all complaints, both verbal and written in a complaints register. There have been nine complaints received in 2022 year and no complaints in 2023 year to date. The nine complaints included one Health and Disability Commissioner (HDC) complaint. The facility have answered the HDC request for information and are awaiting their reply. Documentation of complaints including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by HDC. All complaints are documented as resolved and closed apart from the HDC complaint. No trends have been identified. Discussions with relatives and residents confirmed they are provided with information on the complaints process.

		<p>Complaints forms and a suggestion box are located in a visible location at the entrance to both the rest home and the dementia unit. Families have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings. Interviews with the manager confirmed their understanding of the complaints process.</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>Norfolk Lodge provides care for up to 40 residents at rest home and dementia level care. On the day of audit there were 36 residents in total.</p> <p>There are 23 designated rest home beds in the rest home wing and 17 beds in the dementia unit. On the day of audit there were 19 residents in the rest home including two residents under a mental health contract, one under a long-term support - chronic health contract (LTS-CHC) and one ACC resident. All other residents in the rest home were on the age-related residential care contract (ARRC). In the dementia unit there were 17 residents including one hospital level resident who had a dispensation (letter viewed), to remain on the dementia unit as a hospital level resident. All residents in the dementia unit were under ARRC contracts.</p> <p>Norfolk Lodge is a family-owned facility owned by two directors. The manager (RN) is a member of the local marae and they have consulted as a Māori cultural advisor for other aged care organisations on policy development. They also collaborate with other Māori elders from the marae. The manager uses this experience and resource within Norfolk Lodge ensuring policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The manager reports on any barriers to the directors to ensure these can be addressed. The manager works in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The directors approve the annual business plan. The plan includes operational and clinical objectives. Progress on goal achievement is assessed monthly by the directors and manager.</p>

		<p>The manager has been in the role for 27 years. They are supported by an assistant (non-clinical), manager who has been in the role one year, and a stable team of care and administration staff including a casual RN. The manager reports a very low turnover of staff.</p> <p>The manager and assistant manager have attended training over eight hours over the past year appropriate to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Norfolk Lodge is implementing a quality and risk management programme. Quality goals 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the manager and the directors. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the manager and assistant manager. Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to initiate quality corrective actions. Results are shared in monthly staff meetings and with directors. Monthly staff meetings include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. The role of the manager as the cultural advisor is to ensure policy and procedure within the care home represents Te Tiriti partnership and equality. Staff have cultural training that aligns with the Māori Health plan to ensure delivery of high-quality health care for Māori.</p> <p>The 2022 resident satisfaction surveys completed in April 2022 demonstrate high satisfaction levels with care. Corrective actions were implemented around replacement of garden furniture.</p> <p>All resident incidents and accidents are recorded, and data is collated. Results are discussed in the quality and staff meetings and</p>

		<p>at handover. The recreational officer and the maintenance coordinator are health and safety representatives. There is a health and safety committee. Health and safety is discussed at all staff meetings. There is a hazard register that is reviewed three monthly.</p> <p>Discussions with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required. There has been a Covid outbreak in July 2022 which was notified appropriately to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The manager and the assistant manager works full time from Monday to Friday. The manager covers on call 24/7. The assistant manager is available for non-clinical calls.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents and family members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires and external professional development. Existing staff support systems including peer support, and promotion of staff wellbeing. All HCAs and activities staff have first aid certificates. All senior healthcare assistants, the manager and the casual RN have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 11 healthcare assistants working in the dementia unit. All 11 HCAs have completed training in dementia standards. There is a total of 19 HCAs in the facility. Four have level four NZQA, 13 have level three NZQA and</p>

		<p>two new HCAs have been enrolled.</p> <p>The manager and the casual RN are supported to maintain their professional competency. There are implemented competencies for RNs, and healthcare assistants related to specialised procedures or treatments including (but not limited to) infection control, medication, controlled drugs, cultural safety, restraint and health and safety. At the time of the audit there were two RNs (the manager and the casual RN) employed at Norfolk Lodge. The manager has completed interRAI training. Staff interviewed report a positive work environment. The facility collates quality data which includes information for Māori residents. Educational goals identify that mandatory cultural training and competencies, including understanding health equity, has been provided to staff.</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>Six staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice and is tailored specifically to each position. Information held about staff is kept secure, and confidential. Ethnicity data is identified. Māori staff files included iwi affiliation.</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</p>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the residents care plan. The facility does identify entry and decline rates for Māori and reports this within quality reports. The service identifies and implements supports to benefit Māori and whānau. The service engages with the local marae to continue meaningful partnerships with Māori communities and organisations to benefit Māori individuals</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed (three rest home and two dementia care files). The rest home files included one resident under a mental health contract and one resident under an ACC contract. The dementia files reviewed included the hospital resident with a dispensation from the Ministry of Health. The manager (RN) is responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communications.</p> <p>Risk assessments are conducted on admission. Outcomes of the assessments formulate the basis of the long-term care plan. Other available information such as discharge summaries, medical and allied health notes, and consultation with residents and relatives or significant others form the basis of the long-term care plans. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and includes strategies for managing and diversion of behaviours. Short-term issues such as infections, weight loss, and wounds are either resolved or incorporated.</p> <p>Written evaluations reviewed identify if the resident goals had been met or if further interventions and support are required. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting. Family is invited to</p>

		<p>attend MDT meetings.</p> <p>The general practitioner (GP) provides medical services. They visit fortnightly and as required. The GP practice has an on-call service. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with changes to health status. The GP interviewed on the day of audit stated they were very happy with the communication from the facility and there was good use of allied health professionals in the care of residents. The GP consults with families and has been actively involved in advance care planning with staff, residents (as appropriate) and families. The older persons mental health services are readily available as required. There are regular visits from the hospice and the psychiatrist from the mental health team. A physiotherapist is available as required. There are podiatry services.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery; this was observed on the day of audit. Healthcare assistants document progress notes at least twice daily and the GP and allied health professionals document their reviews. There was evidence that manager (RN) added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>When a resident's condition alters, the manager initiates a review with the GP. The progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>There were no wounds or pressure injuries in the facility at the time of the audit. There is a process of assessments and wound management plans developed including wound measurements when there is a wound. The wound register has been fully maintained. There is access to wound expertise from a wound care nurse specialist. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including</p>
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		<p>continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; intentional rounding, blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Residents interviewed reported their needs and expectations were being met. Incident reports reviewed evidenced each event involving a resident reflected a clinical assessment and follow up by an RN. Neurological observations were consistently recorded when required. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the manager.</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> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Waitangi Day, Matariki and Māori language week are celebrated. Celebrations included Māori meals and speaking and learning words and phrases in Māori. The service actively collaborates with staff to support community initiatives that meet the health needs and aspirations of Māori, including, ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely. Registered nurses and senior healthcare assistants complete annual medication competencies and education. Medication reconciliation of monthly regular and 'as required' medication is checked by the manager. Any errors are fed back to the pharmacy. Medication audits are completed.</p> <p>There were no residents self-administering medications in the facility, policies and procedures are in place should any rest home level</p>

		<p>resident choose to self-administer their medications. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eye drops, creams and sprays were dated on opening.</p> <p>The service uses an electronic medication system. Ten medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system and in the progress notes.</p> <p>There was documented evidence in the progress notes 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 to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme.</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 head chef consults with residents to gain feedback of the food services and adjusts the menu if any special requests including cultural requests. The head chef advised that they had planned celebrations for Matariki including choice of Māori foods. Nutritious snacks are available 24 hours a day.</p> <p>The head chef identifies as Māori and understands tapu and noa. The head chef ensures all staff adhere to tapu and noa consistent</p>

		with the Māori view of hygiene and align with good health and safety practices.
<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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes and summaries are integrated into the care plan.</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 building has a current warrant of fitness that expires 3 May 2023. The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, the facility will include local Māori elders to ensure aspirations and Māori identity are included.</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>	FA	<p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred recently in January 2023. Staff advised that they conduct security checks inside at night. There are security cameras installed at the entrance and in the corridors. All visitors and contractors are required to sign in and not to enter the facility if feeling unwell. Visitors are asked to wear</p>

As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		masks when in the facility. The dementia unit is secure.
<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>A pandemic response plan is in place. Staff receive training on the plan and emergency response. Personal protective equipment (PPE) is ordered as required, and the stock balance is maintained to support any outbreak. Adequate PPE stocks was sighted in a dedicated storage area.</p> <p>The facility has cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents through the manager (RN). Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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 infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The manager completes a comprehensive six-monthly review, and this is reported to all staff and to the directors. Infection control surveillance is discussed at monthly staff meetings. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Residents and family are informed of any healthcare-associated infections information on care and prevention.</p> <p>There has been one outbreak since the previous audit, (Covid-19 in July 2022). The outbreak was documented with evidence of comprehensive management. The infection control coordinator who is the manager (RN), interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to</p>

		promote system change and reduce risks. Residents and their families were updated regularly.
<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>Restraint policy including acute and emergency restraint policy confirm that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible at all times when restraint is considered, and works in partnership with Māori, to promote and ensure services are mana enhancing. The manager (RN) is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation in the facility.</p> <p>On the day of the audit, one resident was using a bedrail restraint. The reporting process includes restraint data that is gathered and analysed monthly. A review of the file for the resident requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP on interview confirmed involvement with the restraint approval process. Family/whānau approval was gained as the resident was unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment. The restraint coordinator reported that staff have an excellent understanding of restraint minimisation. Staff working in the dementia unit can detect early warning signs and triggers for residents who exhibit challenging behaviours.</p>

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# 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.

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.