

Ranfurly Manor Limited - Nelson Residential Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ranfurly Manor Limited
Premises audited:	Nelson Residential Care Centre
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 March 2023 End date: 15 March 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	49

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Nelson Residential Care Centre is certified to provide rest home level care for up to 49 residents. The facility is owned by Ranfurly Manor Limited and is managed by a facility manager who is a registered nurse. Residents and families stated the care provided is of a high standard.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora Te Pae Hauora O Ruahine o Tararua. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, managers, staff, and a general practitioner.

Improvements are required in the provision of first aid certificated staff on each duty.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Nelson Residential Care worked collaboratively to support and encourage a Māori world view of health in service delivery throughout the facility. There were residents who identify as Māori in the service.

Nelson Residential Care collaborates with staff to provide support to residents in all aspects of service delivery. All staff had received in-service education on the te whare tapa whā and fonofale models of care, cultural safety, and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori were treated equitably and confirmed that their mana motuhake was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori was incorporated in daily practices.

Residents and their relatives/whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

There is a process in place to ensure that complaints are resolved promptly and effectively in collaboration with all parties.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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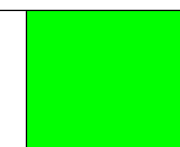
Ranfurly Manor Limited is the governing body and it responsible for the service provided. The directors work with the facility's manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, are analysed to identify and manage trends. All incidents are being reliably

reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. The facility manager has the required skills and experience for the level of care provided. Staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Staff are suitably skilled and experienced, and competencies are defined and monitored. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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On admission to Nelson Residential Care, residents received a person-centred and family/whānau -centred approach to care. The service conducts routine analysis of entry rates, and this included specific data for entry rates for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing, through timely assessment that was planned, coordinated, and reviewed to address residents' needs. Care plans were individualised and demonstrated wellbeing outcomes for all.

The activity program offered a diverse range of activities and incorporated the cultural requirements of the residents. All activity plans were completed in consultation with residents and their family/whānau with residents having noted their activities of interest. Residents and their Enduring Power of Attorney/family/whānau expressed satisfaction with the activities programme in place.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications.

The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that are culturally specific to te ao Māori.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The environment is safe and fit for purpose, and a current warrant of fitness is displayed. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups, and reflect cultural preferences.

Fire and emergency procedures are documented, and related staff training has been conducted. Emergency supplies are available. All staff are trained in the management of fire and other emergencies. Security is maintained and hazards are identified and addressed.

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.
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Nelson Residential Care ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The facility manager coordinates the programme. There was a pandemic plan in place which is assessed periodically.

Surveillance of infections was undertaken, with results monitored and shared with all staff. Action plans were implemented as and when required.

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.
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The service has implemented policies and procedures that support the elimination of restraint. No restraint was in use at the time of audit. Should restraint be required, there is a comprehensive assessment, approval and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is the facility manager who has a defined role providing support and oversight for restraint management. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes.

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	21	0	1	0	0	0
Criteria	0	56	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The directors of Nelson Residential Care Centre (NRCC) have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There are residents and staff at NRCC who identify as Māori. Staff were employed across several organisational roles, including leadership roles. The service engages with external Māori supports.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>A Pacific Health Plan is in place which utilises the fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services are delivered. The plan has been developed with input from cultural advisers. There are Pasifika staff employed at NRCC but there were no Pasifika residents in the facility during the audit.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Service Consumers' Rights (the Code) is available and displayed in English and Māori throughout the NRCC. Residents who identified as Māori were evidenced to have their mana motuhake recognised and respected. Enduring Power of Attorney (EPOA)/family/whanau or representatives of choice were consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by a senior management team who identified as Māori, a number of Māori staff, cultural policies and training sessions that outline cultural responsiveness to residents who identified as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>A review of seven resident files, interviews and observations confirmed that each resident's individual cultural, religious, social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff at NRCC had completed education on Te Tiriti o Waitangi, and this was reflected in their practice. Interviews verify staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and their family/whānau reported that their values, beliefs, and language were respected in the care planning process. The service was evidenced to respond to tāngata whaikaha needs, and there has been formal specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents require this.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedures outlined NRCC's commitment to promoting an environment that did not support institutional and systemic racism.</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>		<p>Cultural training included discussion on institutional and systemic racism, and the ability to question its existence at NRCC if it was thought to exist.</p> <p>The facility manager (FM) stated that any observed or reported racism, abuse, or exploitation at NRCC was addressed promptly and they are guided by a code of conduct. A formalised code of conduct was evident in staff files.</p> <p>Residents confirmed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected from abuse and neglect.</p> <p>During an interview with the FM and registered nurse (RN), they stated that an holistic model of health at NRCC was promoted that encompassed an individualised approach ensuring best outcomes for all.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Appropriate best practice tikanga guidelines around informed consent is in place to guide staff. The senior management team and 13 staff members who identified as Māori, and the residents' whānau assisted other staff to support residents with informed consent. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had received education on cultural safety. Education has not yet been provided on tikanga best practice; however, this is covered in policy and staff were aware of this.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>family/whānau are provided with information on entry regarding the complaints process and advocacy services. Information regarding the complaints process is displayed in the facility along with advocacy information.</p> <p>There have been no complaints received from residents or their families/whānau since the last audit. There are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>One complaint has been received from St Johns Ambulance via Te Whatu Ora Te Pae Hauora O Ruahine o Tararua, this has been addressed and closed. While there are no other complaints received from external sources, there is currently a coroner's enquiry which is ongoing. Information requested from the coroner in respect of the incident has been provided.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Nelson Residential Care Centre is governed by two directors of a private company. The directors assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. There is a Māori health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported by interviews with residents and their family/whānau, and with staff.</p> <p>The directors are aware of the need to complete education on Te Tiriti, health equity, and cultural safety but have not yet completed this (refer criterion 2.1.10). The service is currently developing policy around enabling independence for tāngata whaikaha (refer criterion 2.1.6).</p> <p>The service holds contracts with the Te Whatu Ora Te Pae Hauora O Ruahine o Tararua for aged-related rest home services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), mental health respite, and has two further contracts in place via Accident Compensation Corporation (ACC) and an individual contract</p>

		for services for one resident. On the day of audit, 42 residents were receiving rest home services, three LTS-CHC, two respite, one on ACC and one on the previously mentioned individual contract.
<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>The directors are responsible for identifying the purpose, values, direction, scope, and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management was evident in quality and risk documentation and board reporting documents. Ethnicity data is being gathered for residents and staff. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. High-quality care for Māori is embedded in organisational practices and the efficacy of this was confirmed by Māori residents and their family/whānau.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints/compliments, all of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs.</p> <p>The service complies with statutory and regulatory reporting obligations. Two section 31 notifications have been made since the last audit in relation to a resident leaving the facility, this is currently subject to a coroner's enquiry (refer subsection 1.8) and one due to power outage.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	PA Low	There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) with the exception of first aid

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>certification (refer criterion 2.3.1). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this.</p> <p>Rosters reviewed showed that staffing for the facility comprises RN cover six days per week and on-call. The RNs are supported by caregivers: four in the morning, four in the afternoon and three on night shift. Activities staff are available to provide the recreation programme five days per week. Domestic (cleaning and laundry) and food services are conducted by dedicated staff seven days per week.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as medication management, infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has also embedded cultural values and competency in their training programmes, including information on cultural safety, Te Tiriti o Waitangi, and Māori and Pasifika models of care.</p> <p>Māori related information is shared in the organisation through policy and procedure, the care planning process, and through communication with residents and their families/whānau. All staff who administer medicines are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Pae Hauora O Ruahine o Tararua. The FM who is and RN maintains interRAI competency.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the</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>		<p>NZNC, the NZ Medical Council, and the Pharmacy, Physiotherapy, and Podiatry Board). All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. Staff interviewed confirmed that the orientation programme prepared them for their role.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</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>Nelson Residential Care Centre conducts routine analysis of entry and decline rates, this included specific data for entry rates for Māori. There had been no residents who have been declined entry into the service in the last two years. The facility had been closed to admissions for three weeks in November 2022 due to a COVID-19 outbreak.</p> <p>While the service has not yet developed formal meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau, staff are affiliated with the local Kauwhata Marae, and NRCC will be able to access a kaumatua or a kuia for residents if required. There are no local Māori Health providers, however, there is a Māori Health provider 20kms away that has been identified as a connection and offers access to traditional Māori healers and organisations to benefit Māori 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>	FA	<p>The multidisciplinary team at NRCC works in partnership with the resident and their family/whānau to support residents' wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Residents and their families/whānau are encouraged to identify their own pae ora outcomes in their care or support plan and staff interviewed understood the Māori constructs of oranga (health and wellbeing). Seven residents' files were reviewed and included residents under 65 years on an LTS-CHC contract,</p>

		<p>residents on a contract funded by the ACC, residents receiving respite care, residents who identified as Māori, residents with a wound, residents recently transferred to an acute facility and residents with breathing difficulties. Files reviewed verified a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and included resident and their family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and/or their family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</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>	FA	<p>A diversional therapist and an activities assistant provided a diverse recreation program at NRCC five days per week. The program supported all residents to maintain and develop their interests and aspirations. The service encourages its workforce to support community initiatives that meet the health needs and aspirations of Māori and whānau.</p> <p>Opportunities for Māori residents, staff, and whānau to participate in te ao Māori are facilitated. Matariki, Māori Language Week, and Waitangi Day have been celebrated. Māori phrases were on display, and everyone was encouraged to speak te reo Māori. The television was on during the recent Māori Te Matatini festival and the Pasifika Polyfest festival, which the residents enjoyed. A staff member brought in a Korowai (Māori cloak) and there was lots of discussion around this.</p>

		<p>Prior to COVID-19, kapa haka groups visited, and residents attended monthly cultural group meetings at the local library. It is planned to reintroduce these. Residents who identified as Māori have been supported to attend meetings at the wānanga.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy at NRCC is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of the audit. All staff who administer medicines are competent to perform the function they manage. A system is in place to record, communicate and document the resident medicine-related sensitivities.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were at the recommended temperature range. Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine charts.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Standing orders are not used at NRCC.</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</p>	FA	<p>Each resident had a nutritional assessment on admission to the facility. The health plan in place included cultural values, beliefs, and protocols around food. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this. During Māori Language Week and Waitangi Day, the cook did a 'boil up' and cooked mussel fritters. For Matariki a</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>hangi is planned, using a 'kai cooker'.</p> <p>Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with the food options available to them.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during a recent transfer of their relative to an acute facility.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. The building warrant of fitness for the facility is current, expiring on 8 July 2023. Spaces promote independence and safe mobility and are culturally inclusive and suited the needs of the resident groups, with smaller spaces for the use of residents and their visitors. Residents and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>While there are no plans for further building projects at NRCC, the directors are aware of the requirement to consult and co-design with Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and</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>		<p>Emergency New Zealand on 17 January 2017. The scheme requires fire cell evacuation, and this was conducted on 10 February 2023.</p> <p>Residents and staff were familiar with emergency and security arrangements. Staff wore identification badges on the day of audit. Appropriate security arrangements are in place. External doors and windows are locked at a predetermined time each evening, these allow egress from the building should an emergency situation occur.</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>A pandemic preparedness plan is in place, and this was reviewed at regular intervals. The plan was evaluated following a COVID-19 outbreak in November 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Nelson Residential Care Centre had no educational resources available in te reo Māori, that are accessible to Māori (refer criterion 5.2.12). Partnerships with Māori have been established for the protection of culturally safe IP practices using the knowledge base of staff, residents, and the senior management team, who identified as Māori.</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>Surveillance of health care-associated infections (HAIs) at NRCC is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control program. Surveillance data collected, includes ethnicity data.</p> <p>There are culturally safe processes for communicating between service providers and people receiving services who develop an HAI.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The directors of NRCC are committed to a restraint free environment and the service has always been restraint free. The restraint coordinator (RC) is a defined role undertaken by the FM who is an RN and who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Documentation confirmed that restraint is reported by the FM to the directors at NRCC and shared with staff at staff meetings.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>While first aid certification is in place for staff, these have lapsed. Only one of the RNs has a current first aid competency. First aid education is booked for March 2023.</p>	<p>There are insufficient staff on duty with a current first aid certificate to provide emergency care.</p>	<p>Provide evidence that there is one staff member on duty with current first aid certification.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.