

Roseridge Healthcare Limited - Roseridge Rest Home Henderson

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Roseridge Healthcare Limited
Premises audited:	Roseridge Rest Home Henderson
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 April 2023 End date: 12 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	17

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

Roseridge Healthcare Limited operates as Roseridge Rest Home Henderson and was established in 2019. The facility provides rest home level care for up to 17 residents. There were 17 residents at the time of the audit. Residents and families reported general satisfaction about the care, services, and activities provided. There had been no changes to the facility or services since the last audit.

This transitional surveillance audit was conducted against a sub- set of NZS 8134:2008 Ngā paerewa Health and disability services standard (Ngā Paerewa) and the organisations agreement with Te Whatu Ora – Waitemata. The audit included samples of policies and procedures, resident files, staff files and organisational records. Staff, residents and family/whānau were interviewed. Observations of the facility were made. No general practitioner was available for interview. Areas identified as requiring improvement relate to medication management, assessment and care planning.

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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Cultural and spiritual values and beliefs were identified and considered in daily service delivery. The Māori Health Plan guided staff to ensure the needs of residents who identified as Māori were met in a manner that respected their cultural values and beliefs based on the principles of Te Tiriti o Waitangi. Principles of mana motuhake were evident in service delivery. Staff had received education on Te Tiriti o Waitangi. Te reo Māori and tikanga Māori is actively promoted and incorporated through all activities. Consent was obtained where and when required. A strength-based and holistic model of care, ensuring wellbeing outcomes for Māori was utilised. Residents were treated in a respectful manner. The complaints process met consumer rights legislation and worked equitably.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Management demonstrated a commitment to delivering services that improved outcomes and achieved equity for Māori. Flexible services and the provision of additional resources ensured that any barriers to access were minimised.

There was an implemented quality and risk management programme which complied with the requirements in this standard and the funders agreement. Quality data was collected, collated and communicated across the organisation. Internal and external risks were identified and a plan developed to respond to them. The owner/director and facility manager were aware of their responsibilities with regard to adverse event reporting.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges were managed effectively.

The planned activity programme promoted residents to maintain their links with the community. Opportunities for Māori to participate in te ao Māori are facilitated as required. Medicine was safely stored and administered by staff who were competent to do so. The food service met the nutritional needs of the residents. Food was safely managed. Residents verified satisfaction with meals.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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There had been no changes to the facility. The facility continued to comply with building legislation relevant to the services provided. Requests for maintenance were followed up. The emergency evacuation plan was approved. There were appropriate security arrangements. All staff were identifiable.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The pandemic plan had been implemented. There was a sufficient supply of personal protective equipment on site. The infection prevention programme was delivered in a manner that was culturally safe and embraced the spirit of Te Tiriti o Waitangi. Infection data was collated, analysed, and trended. Surveillance data was reported to staff.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The organisation had documented policies and procedures that supported the minimisation of restraint. The owner/director, facility manager, and staff were committed to providing a restraint free environment. There was no history of restraint use. Staff completed

restraint minimisation and challenging behaviour education. Restraint minimisation strategies were included in staff meetings and reported to the director.

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	18	0	2	1	0	0
Criteria	0	47	0	2	2	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>	Not Applicable	<p>The rest home had cultural diversity amongst staff members. The staff recruitment process was equitable. Pasifika staff members were cognisant with tikanga and involved in ensuring that cultural safety practices aligned with te ao Māori, and input from Māori residents and whānau was an integral component of service delivery. Their rest home has not actively been recruiting for Māori representation across the organisation.</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 health and disability services underpinned by Pacific worldviews and</p>	FA	<p>Pasifika voices and Pasifika world views were well represented amongst staff. The Pacific plan was provided amongst other policies and procedures which were purchased from an external consultant. These were viewed by Pasifika staff, including the residential care coordinator who ensured they aligned with the cultural values and beliefs of the Pacific community.</p>

<p>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>Māori mana Motuhake was evident in practice. Residents and whānau who identified as Māori were involved in the assessment and care planning process to ensure their cultural values and beliefs were identified and included in service delivery. Residents who identified as Māori confirmed Māori mana motuhake was recognised.</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>Te reo Māori and tikanga were actively promoted in the rest home and incorporated in all activities. Staff had received training on Te Tiriti o Waitangi. Staff conversed with Māori residents in te reo Māori. Tāngata whaikaha needs were responded to as needed and their participation in te ao Māori was enabled.</p> <p>The rest home had close affiliation with a Māori provider who visited the service regularly and provided staff and management with ongoing support to ensure the cultural needs of residents and whānau were maintained. The policy on Māori values and beliefs included guidance for staff on the provision of culturally appropriate care. A commitment to the Tiriti o Waitangi was included. Māori represented approximately 25% of residents.</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>	<p>FA</p>	<p>Processes in place to safeguard residents from institutional and system racism included the complaints management process and the open-door policy maintained by the facility manager. Māori health plan guidance on the provision of culturally appropriate care for residents who identify as Māori was utilised to ensure a strength-based and holistic model of care for Māori residents.</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>	<p>FA</p>	<p>Tikanga best practice guidelines were observed in relation to consent. Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person or enduring power attorney (EPOA) was involved in decision making and consent processes. Informed consent was obtained as part of the admission process. Staff were observed to gain consent for daily cares.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and procedure aligned with consumer rights legislation and worked equitably for Māori. Residents and family/whānau were advised of the complaints process on entry. Māori residents and their whānau advised that they would not hesitate to make a complaint if needed and understood the process. It was reported that there had been no formal internal or external formal complaints since the last audit. Day to day concerns were addressed through resident/whānau meetings and satisfaction surveys. There was also evidence in staff meeting minutes that resident/whānau concerns were considered and addressed.</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</p>	<p>FA</p>	<p>The rest home is owned by the sole owner/director. Day to day operations were managed by the facility manager who was a New Zealand registered enrolled nurse. The facility manager was supported by the clinical manager (registered nurse) and the residential care officer. Organisational performance was monitored. The owner/director visited the rest home regularly and was in frequent contact with the team.</p> <p>The owner/director was interviewed via zoom. The director was committed to providing equitable services and referred to the</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>number of Māori residents which were referred to and residing in the rest home. Resources had been provided for staff regarding Te Tiriti o Waitangi and the residential care coordinator provided guidance to staff on the day-to-day application of Te Tiriti. The needs of tangata whaikaha were acknowledged and addressed, with several residents falling into this category.</p> <p>The rest home is certified to provide 17 beds. The service holds agreements with Te Whatu Ora - Waitemata and the Ministry of Health (MOH) for the provision of rest home, respite, and long-term support chronic health conditions (LTS-CHC). There were 17 residents receiving services on the days of the audit. This included 13 rest home level residents and three residents under the age of 65 years.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The quality and risk management programme included policies and procedures, compliments and complaints management, internal audits, satisfaction surveys, incident and accident reporting, hazard management, health and safety, restraint minimisation, infection prevention and a corrective action process. There was sufficient evidence that quality and risk information was shared between management and staff. Meeting minutes confirmed regular review and analysis of quality related data. Staff confirmed their involvement in quality and risk management activities through internal audits and attendance at staff meetings. Regular internal audits were conducted, which covered relevant aspects of service including service delivery, medication management, documentation, food services, the facility/equipment, and supplier audits. Corrective actions were developed and implemented to address any shortfalls. Resident and family/whānau satisfaction surveys were completed annually. Policies and procedures were available to guide staff practice. These were provided by an external consultant who kept the service updated on any recent changes.</p> <p>The facility manager described the process of identification, monitoring, review, and reporting of risks. Mitigation strategies were discussed amongst the management team. The facility manager and owner/director were familiar with their responsibilities under the</p>

		<p>Health and Safety at Work Act (2015). Roseridge's financial position was managed and audited by a chartered accountant. The required insurances were in place. Te Whatu Ora Waitematā quarterly performance monitoring reports were completed as required. The facility manager described essential notification reporting requirements and was well informed of statutory and/or regulatory obligations.</p> <p>There was evidence that the rest home provided high quality health care for Māori. Māori residents and whānau confirmed this. Holistic models were utilised and mana motuhake was recognised. Staff were observed to use te reo and ensured that Māori residents and their whānau cultural needs were addressed. Whānau were actively engaged with the service and provided support and direction regarding cultural safety which was well received, respected and implemented by management and staff.</p> <p>An improvement is required regarding the incident management process.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster indicated that there were a sufficient numbers of staff available on every shift for twenty-four hours. Level of skill and experience was considered when rostering. There were six full time cares and three casuals. The clinical manager worked two days a week, either on site or working from home completing interRAI assessments, clinical reviews and reviewing the residents progress notes. Staff on sick, bereavement or annual leave were replaced and had their shifts covered by other regular or casual staff. During the pandemic and lockdowns, it was reported that rostered hours were changed to 12-hour shifts to ensure sufficient staff at all times. Staff reported that there was access to advice when needed with the facility manager, the clinical manager and the owner/director always available. When the facility manager was absent, the residential care coordinator covered the required duties under delegated authority with support from the clinical manager and owner/director.</p> <p>There was one care staff on each shift, morning: 07:00am to 3:30 pm, afternoon 3:00 pm to 11:30 pm and night 11pm to 7:30 pm. The</p>

		<p>residential care coordinator facilitated activities with help from the facility manager. There were two cooks, one of whom was full time and the other was a carer who could cover when the main cook was absent. The cook started at 9:00 and finish at 5.30 pm. Laundry and cleaning was completed by the care staff and residents who volunteered to assist. Residents expressed satisfaction in staff availability and having needs met in a timely manner, responding quickly when they needed them or when they rang the call bell.</p> <p>There was a system to ensure staff had the required competencies. Mandatory education such as infection prevention, medication competencies, first aid, emergency procedures, restraint minimisation, health care for the older person and InterRAI competencies were attained. Education was provided by inhouse and external trainers. Attendance records were maintained. There was one staff member on level two, four staff members on level three, one staff member on level four New Zealand Qualifications Authority (NZQA) National Certificate in health and wellbeing. There were two staff members who had a level seven qualification.</p> <p>The collection and sharing of high-quality Māori health information was encouraged. Staff were aware of the needs of Māori residents and their whānau. Care planning and interventions were provided within a holistic framework informed by the four cornerstones of health (tinana, hinengaro, wairua and whānau). Te reo was encouraged, formal welcomes (including karanga and karakia) were used when greeting community groups and further continuing professional development regarding equity was being explored.</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</p>	<p>FA</p>	<p>Recruitment and staff management followed employment guidelines and relevant legislation. Police vetting and validation of qualifications were attained and sighted in staff files. Nursing staff had current practicing certificates. Certificates for the carers were present, including their national certificates. The cooks had food safety training certificates and all staff involved in cleaning and laundry had chemical safety certificates.</p> <p>All staff were orientated to the rest home and their specific role. The</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>orientation process covered the essential components of service delivery and included a range of competencies. Completed orientation records were sighted.</p> <p>Staff files were maintained in a confidential and secure manner. Files were stored in the facility managers office, which was locked when unattended. Individual files were well maintained, current and accurate.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Ethnicity data was collected as part of the admission information on entry to services. Work was in progress to implement analysis of entry and decline rates including specific data for entry and decline rates for Māori. The service has developed links the with local Māori communities and organisations. Support for Māori residents and family/whānau can be accessed when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The clinical manager, facility manager and the residential care coordinator completed admission assessments, care plans and care plan evaluations. The assessment and care planning process supported residents who identified as Māori and family/whānau to identify their own pae ora outcomes. Improvements are required to criteria 3.2.3(c) and 3.2.3(b) regarding the development and currency of assessments.</p> <p>Medical assessments were completed by the general practitioner (GP) and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. The rest home did not have their own GP since the beginning of the pandemic. To address this, residents were escorted to the local</p>

	<p>medical practice for routine medical reviews and acute medical consultations. Referrals to relevant specialist services were completed as indicated. Transfers and discharges to other health providers were managed safely with appropriate communication and documentation completed. There was no GP available for interview during the audit.</p> <p>The care plans sampled reflected identified residents' strengths, goals, and aspirations. The strategies to maintain and promote the residents' independence and wellbeing were documented. Behaviour management plans were completed for identified behaviours of concern. Behaviour monitoring charts were completed where applicable, with appropriate interventions implemented as required. Family/whānau goals and aspirations were addressed in the care plans. Residents and family/whānau or EPOAs confirmed being involved in the assessment and care planning processes.</p> <p>The Māori health plan guides care for residents who identified as Māori. Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga were considered where applicable. Service integration with other health providers including specialist services, medical and allied health professionals was evident in the care plans. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring.</p> <p>Tāngata whaikaha were supported to access information and other support services as required. Strategies in place to overcome barriers that prevent tāngata whaikaha from accessing information independently included accessing the local kaumatua and Māori health providers for support where required.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. An area for improvement in relation to criterion 3.2.5(c) has been identified. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Staff understood processes to support residents and</p>
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		family/whānau when required.
<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>Opportunities for Māori to participate in te ao Māori were provided. Waitangi Day and Matariki day were observed. Representatives from a local Māori organisation visit the residents on site. Kapahaka performances, poi dancing and Māori music activities were included on the program. Residents visit their family/whānau in the community and family/whānau can visit the residents at the rest home as desired.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>	PA Moderate	<p>An electronic medicine management system was in use. Staff who administered medicines had completed the medication competencies. The implemented medicine management system was appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management.</p> <p>Medicines were prescribed by the GP and over the counter medicines and supplements were documented on the medicine charts where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. Three-monthly medication reviews were consistently completed and recorded on the medicine charts. There were no standing orders in use. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the clinical manager when regular medicine packs were received from the pharmacy, and</p>

		<p>when a resident was transferred back to the service. All medicines in the medication trolley were within current use by dates. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room were within the recommended range.</p> <p>Residents and their family/whānau were supported to understand their medications when required. The facility manager stated that when requested by Māori, appropriate support, and advice for treatment for Māori would be provided.</p> <p>There was a process for analysis of medication errors and corrective actions implemented as required (refer area of improvement in criteria 2.2.6). An improvement is required regarding the self-administration process.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' diet profiles were completed on admission in consultation with the residents and family/whānau, where applicable. The dietary profiles identified residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. The custom food control plan will expire in December 2023. The menu was last reviewed by a qualified dietitian on in May 2021.</p> <p>Work was in progress to provide culturally specific to te ao Māori food options. Family/whānau were welcome to bring culturally specific food for their relatives. The residents confirmed satisfaction with the meals provided.</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</p>	FA	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents sampled.</p>

<p>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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building is leased from a private landlord. The current building warrant of fitness was displayed. Calibration of scales and medical equipment occurs annually. Electrical testing and tagging was current. The owner/director confirmed that environmental inspections occur and maintenance requests were attended to. Records of maintenance requests were sighted with evidence that these had been addressed. There is also a preventative maintenance schedule. Hazards were identified and monitored as per the health and safety system. Records of hot water checks were sighted for the year to date and confirmed a consistently safe temperature.</p> <p>There was one toilet and a separate shower which needed some remedial repairs to the linoleum. This was discussed with the owner/director who confirmed that the required maintenance was scheduled and then delayed due to the current unavailability of contractors. New linoleum in the other bathrooms and showers had been completed and the need for the last two was documented on the maintenance list as a high priority. The clothes dryer was also not working and another one had been ordered. In the meantime, there was a laundromat down the road which could be used in the event the weather did not permit the washing to be hung outside. Residents confirmed that the laundry process had not been affected.</p> <p>The environment was inclusive of the residents' culture with residents free to decorate their rooms in the manner they wish. This included Māori artwork, phrases and korowai. There was no plan to design new buildings or make any changes, other than necessary refurbishments, which were completed with the consent of the resident. For example, when painting a bedroom, the resident was given the choice of colour and design.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Fire safety equipment was checked monthly by an external agency. There was an approved evacuation plan, and an evacuation procedure. Emergency evacuation drills were conducted every six months. All staff completed fire training and participated in emergency evacuation drills. Orientation for new staff included emergency and security situations. There was always at least one staff member on duty with a current first-aid certificate. There were adequate emergency exit doors and the courtyard was the designated assembly point. There were sealed fire extinguishers inside, and a fire hose outside.</p> <p>A check was completed by the afternoon and night staff to ensure all doors and windows were secured. The entrance gate was locked at all times, for security reasons, and all residents/whānau had consented to this and could still come and go as they pleased. External lighting was adequate for safety and security. The call bell system was operational with bells in each room. Residents and whānau confirmed staff attended promptly when a bell was activated. All staff were identifiable.</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>	<p>FA</p>	<p>There was a current pandemic plan which had been tested during the COVID-19 pandemic. The plan aligned with national strategies, guidelines and public health requirements. There had been one COVID outbreak in October 2021. The outbreak was reported as required and all residents received antiviral medication. Infection prevention policies and procedures were current and there was a sufficient amount of personal protective equipment on site.</p> <p>The residential care coordinator was well versed in safe cultural practice as it aligned with infection prevention. Examples of cultural safety were provided and acknowledged the spirit of Te Tiriti. In addition, whānau were very supportive and openly shared their knowledge regarding te ao Māori. Whānau feedback and advice was well received, implemented and respected amongst management and staff.</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>	<p>FA</p>	<p>The surveillance programme was defined and appropriate to the size and scope of the service. All residents' infections were recorded in the residents' files using the infection data collection form. Infection data was collected, collated, monitored and reviewed monthly. Data was used to identify any significant trends or common possible causative factors. Results of the surveillance data were shared with staff during shift handovers, at monthly staff meetings and management meetings. Evidence of completed infection control audits were sighted.</p> <p>Staff confirmed that they were informed of infection rates as they occurred. A general practitioner was informed when a resident had a suspected infection and appropriate antibiotics are prescribed following a culture and sensitivity.</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>Policies and procedures met the requirements of restraint minimisation and safe practice standards. The rest home had a 'no restraint' philosophy and there was no history of restraint use. All staff were responsible for ensuring the no restraint philosophy was upheld, with the clinical manager and facility manager overseeing that the philosophy was maintained. Staff received ongoing education on restraint minimisation and challenging behaviours. There were processes to report restraint to management if it ever occurred. Any adverse event which involved a challenging behaviour was reported through the incident and accident process.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Adverse events were sampled. These were collated monthly, with the findings shared with staff. The owner/director was kept informed and corrective actions were implemented. There had been two medication errors over the last six months. These involved medication being given to the wrong resident. In both events the clinical manager was notified and immediate interventions were documented. Records confirmed open disclosure and the residents' vital signs were recorded over the next eight hours. It was reported that the general practitioner and/or pharmacy was contacted, however this was not evident in records sampled. The residents involved had no adverse outcomes</p>	<p>There was insufficient evidence that the required medical/pharmaceutical team were notified following adverse events regarding medication administration.</p>	<p>Document all correspondence between the medical/pharmaceutical team following any adverse event regarding the administration of medication to the wrong resident.</p> <p>60 days</p>

		from the errors.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and</p>	<p>PA</p> <p>Moderate</p>	<p>Assessment tools used included consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who had completed appropriate cultural safety training. Care plans were completed by the clinical manager (RN) and facility manager (EN) and the residential care coordinator who was an overseas registered nurse, but not registered in New Zealand. The clinical manager was responsible for overseeing the care planning process, review and countersign them when completed. However, this process was not completed consistently as per organisation's policy. Some routine six-monthly interRAI reassessments were also overdue.</p>	<p>Four out of five long-term care plans were not countersigned by the clinical manager and three out of five routine interRAI reassessments were overdue with an interval of between 33 and 61 days.</p>	<p>Ensure long-term care plans are countersigned by a registered health professional and that routine interRAI assessments are current.</p> <p>90 days</p>

<p>risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from</p>	<p>PA Low</p>	<p>Residents' care was evaluated daily and reported in the progress notes by the care staff. Changes noted were reported to the facility manager and clinical manager. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly. New Care plans were developed every six-months. As a result, evaluation of the progress towards the achievement of residents' agreed goals and aspirations were not evident. Changes were made to the care plan, where there were changes to the residents' needs.</p>	<p>Four out of five care plan evaluations did not include the residents' degree of progress towards their agreed goals and aspirations as well as family/whānau goals and aspirations.</p>	<p>Ensure evaluation of care plans evidence the degree of progress towards resident's agreed goals as well as family/whānau goals and aspirations.</p> <p>180 days</p>

<p>expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>There were residents who were self-administering medicine at the time of audit. Appropriate policy and procedure were available to ensure this was managed in a safe manner. However, the required process to confirm residents' competency in self-administering their medicines was not completed.</p>	<p>Residents who self-administer their medicines did not have the self-medication administration competency assessments completed.</p>	<p>Ensure appropriate medication self-administration competency assessments are completed to ensure safety of residents.</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.