

Tairua Residential Care Limited - Tairua Residential Care

Introduction

This report records the results of a Certification 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:	Tairua Residential Care Limited
Premises audited:	Tairua Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 April 2023 End date: 20 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:	42

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

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

General overview of the audit

Tairua Residential Care can provide for up to 44 residents requiring either rest home or hospital (medical or geriatric) level care. On the days of the audit, there were 42 residents. The nurse manager (owner) is responsible for organisational management, clinical oversight and leadership. There had been no significant changes to the organisation since the last audit. Consumer rights were maintained and family/whānau were satisfied with the care being provided.

This certification audit was conducted against the Nga Paerewa Health and Disability Standards 2021 and the providers contracts with their funder Te Whatu Ora – Health New Zealand Waikato. The audit process included the review of policies and procedures, samples of resident and staff records, observations, interviews with residents, family/whanau, staff, management and the general practitioner.

Improvements are required regarding Māori input and representation, adverse events, essential notifications, staffing, assessments and care planning, general practitioner reviews, the menu and food control plan, infection surveillance and restraint minimisation. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

Ō tatou motika | Our rights

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

Subsections applicable to this service are fully attained.

Services were person-centred. Residents confirmed they were treated with dignity and respect at all times. Cultural and spiritual needs were identified and considered in daily service delivery. Information was communicated in a manner that enabled understanding to residents and family/ whānau. Consent was obtained on entry and as required.

Staff received training pertaining to the Code of Health and Disability Services Consumers' Rights and cultural diversity. Policies and procedures provided a framework to ensure care was provided in a manner that could support a Māori world view. There was no evidence of abuse, neglect, or discrimination seen or heard during the audit. The complaint process aligns with consumer rights legislation.

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 are partially attained and of medium or high risk and/or unattained and of low risk.

The nurse manager is the sole owner/operator and lives on site. The mission, vision and values are documented and reviewed. The required policies and procedures are current and available to staff. Quality related data is gathered, reviewed and shared at staff meetings. Internal audits are completed. Risk management strategies are considered and mitigated where able.

Human resource processes comply with employment legislation. All staff are orientated, receive ongoing in-service education and have an annual performance review. Staff reported they were well supported by the nurse manager. Staff and resident information is securely and confidentially maintained.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

The service offered person-centred care and encouraged family/whānau involvement. Prior to entry information was provided to the resident and family/whānau that outlined the rights of the resident and the services provided.

Care plans were developed that reflected the resident's holistic wellbeing. Evaluation of the care-plan occurred. The general practitioner reviewed the resident/s as requested. The activities programme supported the residents to maintain their physical, social, and mental wellbeing. Community outings were available. Medicines were appropriately prescribed, dispensed, stored, and administered. Staff who administered medications were trained and competent to do so. The menu considered individual preferences. Transfer, transition, and discharge of residents occurred with the input of family/whānau and was planned and co-ordinated.

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 are fully attained.

The facility, resources and equipment were fit for purpose. There was a current building warrant of fitness and approved evacuation plan. The facility had been well maintained and provided a safe and comfortable environment. All residents had their own rooms which were decorated with their possessions. There was an adequate number of toilets and bathrooms for residents, visitors and staff. All staff were aware of emergency procedures and there was a sufficient amount of emergency supplies. Security systems were in place and 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.

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

The nurse manager supported the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and type of service. The nurse manager was responsible for the implementation of the programme. A pandemic plan was in place and had been implemented. Staff were educated in the principles of infection control. A surveillance programme is implemented and is relevant to the service type.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

Policies and procedures support safe restraint use and restraint minimisation. The nurse manager was the restraint officer and monitored all restraint use. The required assessments and consents were completed. All restraint use was reviewed. The restraint register was current. All staff received education regarding safe restraint use, de-escalation and restraint minimisation. At the time of the audit there were eight residents in the hospital wing who had a restraint in use.

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	2	6	0	0
Criteria	0	155	0	3	10	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There were no residents or staff who identified as Māori, however policies and procedures included guidelines regarding implementation of Te Tiriti o Waitangi and equal employment opportunities. The recruitment process was equitable and there were many cultures and ethnicities represented across the staffing team, including tāngata whaikaha people with a disability. Residents reported that staff were operating in a way that respected their values and beliefs. The nurse manager was committed to ensuring services were equitable and had accessed the Equity of Health Care for Māori framework. The nurse manager reported that there was a kaupapa Māori health provided in Thames which could be accessed if required. Refer criteria 2.2.7 regarding cultural diversity training.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	Cultural safety policies and procedures included Pacific peoples. The policy referred to current health strategies, Pacific world view and

<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 developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>gaining expert advice. There were no staff or residents that identified as Pasifika. According to the last census Pacific people make up less than 2% of the population in the area with most being transient seasonal workers. The nurse manager was committed to ensuring services were equitable.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility in English and te reo Māori. The service had policies and procedures that reflected the requirements of the Code. Staff confirmed they had received training and education on the Code as a part of their orientation, and this was confirmed in education records sighted. Observation during the audit verified that staff provided care in accordance with the Code. Leaflets were on display in the facility that provided information on the Nationwide Health and Disability Advocacy Service, and Eldernet. Resident meetings were held that addressed resident rights and provided opportunity for questions and feedback, and this was confirmed by residents.</p> <p>Residents and family/whānau advised they were aware of their rights and stated that staff and the nurse manager were approachable and provided opportunities for discussion about any issues. The residents and family/whānau expressed their ability to practice self-determination and to make independent choices.</p> <p>There were no residents who identified as Māori at the time of the audit, however there was a Māori health policy, that would be followed to ensure Māori mana motuhake was acknowledged.</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>	FA	<p>During the audit residents were observed to be treated with respect and regard for their dignity and privacy. All residents had their own room, some had their own ensuite. Clinical records sampled confirmed</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. 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>that the resident's values, culture, and religious beliefs were included in their care plan. Family/whānau confirmed that religious and social preferences, values, and personal beliefs were acknowledged and respected.</p> <p>The Māori health policy supported tikanga Māori and the use of te reo Māori. Staff gave examples of tikanga Māori practices that were used in the day-to-day care of residents.</p> <p>The facility design supported tāngata whaikaha needs, including the ease of access to outdoor areas from resident bedrooms, and communal areas. All residents were encouraged and supported to participate in community and family/whānau events.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures had been implemented to protect people from abuse, discrimination, and neglect. Staff discussed the aspects of abuse and neglect and actions they would take should there be any signs of such practice. They also described professional boundaries, and how these were maintained. Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect, and this was confirmed by observation during the audit. There had been no reported incidents of abuse, neglect or discrimination.</p> <p>The Māori health policy promotes a strengths based and holistic model of care for Māori. Although there were no Māori residents in the service at the time of the audit, clinical files of other residents confirmed that care was provided using a holistic model of care and the resident's strengths were focused on.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear</p>	FA	<p>The main form of communication with residents and family/whānau was verbal. Some email communication occurred with family/whānau if appropriate. Residents and family/whānau expressed satisfaction with the communication they received from staff and the GP, advising it was easy to understand, and they felt listened too. They confirmed they were updated regarding any changes in the resident's health</p>

<p>and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>status, incidents, or accidents. This was verified in clinical files sampled. Clinical files demonstrated that the service communicated with other health care providers for example a dietician, Needs Assessment Service Coordination agency (NASC) and the GP. The nurse manager confirmed that interpreter services can be accessed if required.</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>There was an informed consent policy which reflected tikanga best practice. During the audit staff were observed implementing the policy. This included for example the provision of information about medications prior to administration, gaining of consent to assist residents to mobilise to the activities area. Staff confirmed they obtain verbal consent prior to performing tasks. Clinical files sampled contained an admission agreement that contained consents relating to; for example, taking of photographs, storage of personal health information and participating in outings.</p> <p>The resident's resuscitation status was identified in clinical records sampled. Competent residents and family/whānau confirmed they had identified their own resuscitation status. If deemed incompetent, a clinical (general practitioner) decision was made. If an advance directive was available and a resident was deemed not competent this was used to direct practice. The nurse manager described the use of the Enduring Power of Attorney (EPoA) document, as reflected in legislation.</p> <p>Residents and family/whānau stated they were given sufficient information and timeframes, in a suitable format to make decisions appropriate to their individual values, beliefs and culture as per tikanga.</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</p>	FA	<p>The complaints management policy and procedure aligned with consumer rights legislation. The process was equitable and respected individual values and beliefs. The complaints process was explained to residents during admission. There were complaint forms available at the main entrance to the building. The nurse manager managed</p>

<p>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>resident complaints. Staff, residents and families/whānau had a good understanding of the complaints process. Family/whānau and residents stated that they have not had to complain formally and that any suggestions were treated seriously, with improvements/changes made when appropriate. Minutes of resident meetings confirmed that residents were able to voice any day-to-day concerns, which were then followed up by the nurse manager. There had been no formal complaints received from residents/ whānau and no complaints from external authorities since the last audit.</p> <p>An up-to-date resident complaints register had been maintained and there had been no complaints made to external authorities since the last audit.</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>PA Low</p>	<p>Tairua Residential Care is privately owned. The nurse manager is the sole owner and is a current registered nurse. An improvement is required regarding meaningful Māori representation at a governance/management level.</p> <p>The philosophy, mission and values are documented and known to staff, residents and family/whānau. The nurse manager was aware of their legislative, contractual and regulatory requirements. The rest home is a current member of the New Zealand Aged Care Association. The business plan has been reviewed and included goals, objectives, accountabilities, timeframes, and measurements. The nurse manager was responsible for quality and risk management and delegated tasks accordingly.</p> <p>Organisational performance, clinical oversight and management was monitored and overseen by the nurse manager who had approximately 50 years nursing experience and over 20 years' experience in rest home and hospital management. The nurse manager had completed the required hours of education to maintain their practising certificate in topics relevant to aged care and understood the Equity of Health Care for Māori framework. They demonstrated evidence of taking a meaningful approach to decision making and their intent was reflected in the services provided. The</p>

		<p>nurse manager provided examples of how they achieved equitable services for tāngata whaikaha which included the provision of additional resources, accessible facilities and flexible services. There were no residents or staff who identified as Māori; however, policies and procedures were available to ensure the needs of Māori residents would be addressed equitably and reduce any perceived barriers. All staff had attended in-service training on cultural diversity (refer criteria 2.2.7). Whānau were actively involved in care planning and service delivery. Whānau were observed spending time with the nurse manager who was always available. Whānau surveys were completed annually. Surveys reflected tikanga and cultural needs with the results being collated at the time of the audit.</p> <p>The service provides for residents requiring rest home or hospital level of care for up to 44 residents. There were 30 residents requiring rest home level care and 12 residents requiring hospital level care. There was one resident under 65 years and one respite resident.</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 Moderate</p>	<p>The organisation purchased a new quality and risk management system in May 2022. The system was developed by an external consultant and meets the requirements of this standard. The business plan includes the provision of equitable services and management delegations. Policies and procedures were current and new policies had been introduced to staff. Staff meetings were occurring regularly and included discussions regarding all quality related activities. Attendance records were maintained, with staff being required to sign the meeting minutes once they had reviewed them. Internal audits were being completed and corrective actions were documented and communicated. There had been 16 internal audits in 2022 and two thus far for 2023. Resident satisfaction surveys were being completed at the time of the audit. Surveys sampled confirmed general satisfaction with the services provided.</p> <p>The nurse manager reported that previous risks regarding the pandemic were now considered manageable with lessons learnt from the last two outbreaks in the rest home. Ensuring there were sufficient staffing levels to cover all shifts was now considered the biggest risk. Strategies to mitigate this risk included the pending recruitment of</p>

		<p>overseas nurses. In the meantime, the nurse manager continued to fill the roster when required and was working on the floor on the second day of the audit. There was a financial management system and all financial records had been reviewed annually by a chartered accountant. The required insurances were current and included business interruption. Future succession planning was being considered. Health and safety requirements were being met. Staff, residents, and family/whānau could describe input into the health and safety programme through relevant meetings and discussions with the nurse manager. The health and safety commitment described the legislative responsibilities of management. The nurse manager was the health and safety officer.</p> <p>An improvement is required regarding essential notification reporting, the collation of adverse events and the provision of high quality health care for Māori (refer criterion 2.2.2, 2.2.6 and 2.2.7).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The process for determining staffing levels and skill mix considered the layout of the facility and differing levels of care needed. The nurse manager developed staff rosters; however, the total number of nursing staff had reduced by 50% since the last audit and an improvement is required. The nurse manager was on duty Monday to Friday, available on call, lived on site, and frequently covered staff shortages. There is now only one other registered nurse, who was responsible for the interRAI assessments. There are 20 health care assistants, one enrolled nurse, three activities people, two maintenance staff, two laundry staff, one cleaner and four kitchen staff.</p> <p>The required competencies were defined and monitored. Most caregivers had either a level three or four qualification in health and wellbeing. Senior staff had the required medication competencies. Additional mandatory competencies were addressed. For example, oxygen therapy, wound care, syringe drivers, managing challenging behaviours, manual handling and hoists. Inservice education was routinely provided at monthly staff meetings. The staff training calendar included the required topics and was relevant to aged care and consumer rights. The nurse manager had met the professional development hours required for maintaining a current practicing</p>

		<p>certificate.</p> <p>Staff reported that the rest home was a positive place to work and that they were well supported by the nurse manager. The nurse manager provided accommodation for a number of staff, and considered family/whānau responsibilities, and cultural needs, when developing the roster.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Policies regarding human resources aligned with current employment legislation. The nurse manager implemented equal employment opportunities by employing staff who had a disability. Staff files sampled confirmed that professional qualifications were validated, including scope of practice. Staff information sampled was current, accurate and maintained as confidential in accordance with Health Information Standards Organisation (HISO) requirements. Staff ethnicity was recorded.</p> <p>All staff had a documented employment agreement and position description. Combined these included expectations, person specifications, authorities and code of conduct. The orientation process covered the scope of the organisation. Additional orientation activities were identified per position. There was a staff orientation checklist which was required to be signed off by the nurse manager. Staff confirmed completion of the orientation process and reported they were well prepared for their role. Orientation records were maintained. Performance appraisals were completed annually by the nurse manager. Staff confirmed that the performance appraisal process was positive and that they were well supported by the nurse manager following adverse events.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>	FA	<p>All residents had a hard copy file. Files were securely and confidentially maintained in the nursing station on both wings. Daily progress notes were maintained, with one of the registered nurses routinely reviewing them. Monitoring charts were kept and communication books were used by staff to alert others of any deviations (refer required improvement in criteria 3.2.3 regarding the</p>

personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.		communication books and duplication). All entries into resident records included the date, time and designation of the writer. All records sampled were legible. Archived records were securely stored with a system of retrieval. The service is not responsible for National Health Index registration, therefore criteria 2.5.3 was not audited.
<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>Residents entered the service following a Needs Assessment Service Co-ordination (NASC) agency assessment. The care required must have been determined as either rest-home or hospital level. Residents were not declined into the service unless a bed was unavailable. The nurse manager advised that updates regarding bed availability were provided to the NASC service.</p> <p>A documented entry policy and procedure was described by the nurse manager, who co-ordinated and facilitated all residents entering the service. The entry process respected the potential resident's and family/whānau rights. Communication between the service, the NASC and family/whānau was timely and transparent, and this was confirmed by residents and family/whānau. Records of entry were kept which included ethnicity data.</p> <p>Information about the service and entry criteria was available via Eldernet, and the service directly. The nurse manager communicated with prospective residents and family/whānau directly via verbal discussion, and/or email as appropriate. Written information was provided if requested. Family/whānau members stated they were satisfied with the admission process and the information that had been provided during the admission process.</p> <p>The service had access to a Māori health provider and used this to ensure Māori individuals and whānau had access to all services available to benefit their health status.</p> <p>.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	PA Moderate	Residents received individualised support that met the physical, cultural, spiritual, and social dimensions of their wellbeing. Clinical

<p>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>records sampled confirmed that care-plans were documented and reflected opportunities to optimise health and wellbeing. Records contained a long-term care-plan and short-term care-plans. Short term care plans were developed for residents with an acute health condition for example an infection or skin tear. These were updated as required and signed off when the condition had resolved. Progress notes, observation during the audit, and interview with the resident's and their family/whānau confirmed that care-plan interventions had been implemented.</p> <p>Progress notes documented the resident's daily activities and any observed changes in the residents' health status or behaviour. Monthly vital signs and the weight of the resident were documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, an assessment of the resident was performed by a registered nurse. The general practitioner (GP) was notified as required, according to the resident's condition. Examples of this were seen in the clinical files.</p> <p>The service had implemented policies and procedures that had been developed by a consultancy service in collaboration with Māori and tāngata whaikaha. Residents were supported to identify their own pae ora outcomes, with family/whānau involvement as desired. The service had no residents who identified as Māori, however the Māori health policy and staff interviewed provided evidence that the service understood some Māori oranga and customs. Visiting hours were flexible to allow family/ whānau to visit and support residents.</p> <p>Improvements are required regarding the timely development and review of assessments, escalation of early warning signs, integration of clinical records and routine GP reviews.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	FA	<p>The service provided two activities programmes, one for the hospital residents, and one for the rest-home residents. The hospital and rest-home programme had a dedicated activities co-ordinator for each service type. Each co-ordinator planned and facilitated a programme suitable to meet the individual needs of the resident's. The programmes in both services operated at times appropriate to meet</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>the needs of the residents.</p> <p>Clinical files sampled confirmed that assessments pertaining to residents' individual interests, life history's, events, strengths, and skills were used to develop the activities care plan. The activity plans documented the resident's goals and aspirations. Community outings were included in the programme, and residents were supported to attend family/whānau and cultural events.</p> <p>One of the activities co-ordinators had completed an education programme to enable some te reo to be spoken and understood. The programme also included education relating to te ao Māori. Family and whānau were welcomed to contribute to and participate in the programmes. Significant birthdays and events were celebrated with kai.</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>	<p>PA Moderate</p>	<p>The service used a paper-based system to prescribe and record the administration of medication. Medications were dispensed by the pharmacy using a pre-packaged system. The pharmacy delivered medications as required and disposed of unwanted medications. A registered nurse checked medications upon delivery. Medication administration was performed by a registered nurse, enrolled nurse or a senior health care assistant. All staff who administered medications had completed an in-house medication competency programme.</p> <p>The medication cupboard was locked, and temperature monitored. Controlled medications were stored as per regulations. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date.</p> <p>All medication prescriptions documented allergies and/or sensitivities. Standing orders were not used at this service. Residents who wished to use over the counter (OTC) medications discussed this with the registered nurse, and/or nurse manager and the GP. If the GP considered the OTC medication was not in the best interest of the resident, this was discussed with the resident and the medication was discontinued. If the GP determined the medication was safe and appropriate this was prescribed. Evidence of this was sighted in the medication records sampled and confirmed by the GP. This process</p>

		<p>was verified by the registered nurse and the GP.</p> <p>A self-medicating policy directed safe practice. At the time of the audit there was one resident self-administering an inhaler. The resident's clinical file confirmed that a medication competency assessment had been completed as per policy. The GP confirmed that the resident was self-administering an inhaler and that this was managed in a safe manner.</p> <p>Residents were supported to understand their medications, and this was confirmed by residents and their family/whānau during interview. Staff, the nurse manager and the GP confirmed that when the service provided care to Māori residents and their whānau they were also supported to understand their medications, and rongoā was used if requested by the resident or family/ whānau.</p> <p>Incident forms sampled confirmed that there had been no recent medication incidents. The nurse manager described the medication incident review process, which reflected best practice. The GP stated that the medication systems and processes used were safe and appropriate to the service, and that notification of medication incidents were made, although rarely.</p> <p>An improvement is required regarding the GP's three monthly review of medication.</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>	<p>PA Moderate</p>	<p>The menu considered individual food preferences, culture and dietary needs. The cook had a food safety certificate, worked for the service for many years and was well acquainted with the dietary needs of the residents, which were displayed in the kitchen. There were no residents with a food allergy at the time of the audit. Residents' nutritional needs were documented in the assessments and care plans.</p> <p>Residents were welcome to be involved in food preparation as appropriate. The dining room in the rest home was spacious and staff were observed to be helping residents who needed it. The dining room in the hospital wing was smaller, however some of these residents went to the rest home wing at lunch time, others ate in their rooms, at</p>

		<p>the table or in their chairs.</p> <p>All fridges that stored food were temperature monitored and records confirmed these were within acceptable parameters. Temperatures were also taken at the time of serving. Residents and family/whānau interviewed spoke positively of the food service and stated it met their nutritional, cultural and spiritual values and beliefs. Meals served during the audit were nutritious and contained the recommended food groups and portions.</p> <p>An improvement is required regarding the food control plan and menu review.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were policies and procedures that supported safe transition, transfer, and discharge from the service. The policies and procedures ensured transfer or discharge was managed in collaboration with the resident, family/ whānau, GP, NASC and the receiving service. The nurse manager co-ordinated the transition, transfer, or discharge of residents and described the policy and processes. Discussion with staff and the GP confirmed that transfer and discharge occurred in a co-ordinated and collaborative manner.</p> <p>The nurse manager provided examples of information about other health and disability services that were provided to resident's and family/whānau as appropriate/requested. Examples included a Māori health provider, and other health and disability services based in nearby communities. Clinical records sampled held letters received from other services including for example a dietician, physiotherapist and podiatrist. Staff and family/ whānau, confirmed that they were aware of other service providers.</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-</p>	FA	<p>The building warrant of fitness was displayed and expires in September 2023. The service employed two maintenance staff who both worked three days per week and were available on call as required. Daily maintenance requests were documented and signed off when addressed. There was an annual maintenance plan, which included six monthly building compliance checks. There were monthly</p>

<p>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>maintenance checks which included vehicles, emergency supplies, air conditioning and hot water for example. Records were maintained. The nurse manager and staff (including maintenance staff) had input into the health and safety system through discussions at staff meetings. A hazard register was maintained and hazards were identified. Equipment was stored safely in the corridors and did not create any hazards. The calibration of medical equipment and testing and tagging of electrical equipment is current. The nurse manager reported there were no plans to design new buildings, however if required there were policies and procedures regarding the inclusion of Māori input should the situation change. Residents' personal areas reflected their cultural identity and there were numerous signs throughout the facility written in te reo Māori.</p> <p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility equipment. Staff reported that they had adequate space to provide care. Activities occurred in both lounges and dining areas, which were sufficient in size to cater for the activities on offer. There are sufficient lounges and private/quiet seating areas where residents who preferred quieter activities or visitors may sit. All bedrooms have an external window or doors, some of which open onto the garden. There is an adequate number of accessible toilets and bathrooms for residents, staff and visitors.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is an approved fire evacuation scheme and six-monthly fire drills had been completed. Smoke alarms, a sprinkler system, evacuation notices and exit signs were in place. The service had a visitors' book at reception and all visitors were required to put on a face mask on entry.</p> <p>There were procedures on emergency and security situations including how services can continue to be provided in a health, civil defence or other emergency. Civil defence supplies were readily available including water, food, torches, radio, batteries, emergency power, blankets and barbeque. The service had alternative gas facilities for cooking in the event of a power failure. Emergencies and first aid were included in the mandatory in-service programme. At least</p>

		<p>one staff member is on duty at all times with a current first aid certificate. The ability to continue providing services during a civil defence emergency had been tested recently due to cyclone Gabrielle. Staff and residents confirmed the continuation of essential services despite power outages.</p> <p>Residents' rooms, communal bathrooms and living areas all had call bells. Call bells and sensor mats (when activated) showed on a display panel and also gave an audible alert. Residents had call bells within reach. All staff were identifiable, with uniform and name badge. There was also a communal board which displayed photos of all staff, with their name. Staff confirmed they completed security checks each evening and the building was secured after hours. Security arrangements were described to staff, residents and family/whānau.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The nurse manager implemented and monitored the infection prevention (IP) and antimicrobial stewardship (AMS) programme. The nurse manager had access to the IP clinical nurse specialists (CNS) at Te Whatu Ora Health New Zealand Waikato and a CNS at a community laboratory service. The IP programme used a stepwise approach to risk management, and evidence of this was seen in documents sighted. Staff communicated issues to the nurse manager, verbally, or via a communication book.</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</p>	FA	<p>The IP programme had been developed by a consultancy service. It was reported the programme had been developed in partnership with Māori and reflected the spirit of Te Tiriti. The IP and AMS programme was reviewed annually and linked with the quality programme. There were IP policies documented that addressed the required topics. The nurse manager had appropriate knowledge and skills to implement the programme, which was suitable to the size and scope of the service. Additional resources and support were available from Te Whatu Ora Health New Zealand Waikato.</p>

<p>scope of our services.</p>		<p>A pandemic/infectious diseases response plan was documented and had been implemented. Sufficient resources of personal protective equipment (PPE) were sighted during the audit. Staff confirmed that adequate supplies of PPE were, and had been, available for use when required. They also confirmed that they had received training regarding donning and doffing and had completed IP education updates. They described the principles of infection prevention, including hand washing, and how they implemented the IP policies. Training records confirmed that staff had received IP education from IP CNS's.</p> <p>The nurse manager would be involved in any building modifications and oversaw the purchasing of clinical equipment and supplies. There had been no building modifications since the last audit. Reusable devices and shared equipment were wiped with a suitable product after each use, and this was confirmed by observation and staff during interviews. Single use items were not re-used, and this was verified by observation during the audit.</p> <p>The nurse manager enabled residents to understand infection prevention strategies and treatments by involving family/whānau and facilitating discussion. When available written resources in te reo were provided. The nurse manager had previously completed some training in cultural safety and observation verified that the learnings were embedded in everyday practice. Staff also demonstrated cultural awareness in all care provided during the audit.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>The service was committed to reducing inappropriate use of antibiotics. There was a documented antimicrobial stewardship (AMS) policy that was appropriate to the size, scope and complexity of the organisation and developed by suitably qualified personnel.</p> <p>The service focused on maintaining the residents' health and wellbeing, to reduce the incidence of infections. Monthly reports were sighted that recorded the number and type of infection, with an analysis that included the antibiotic prescribed, and the causative organism identified by laboratory report. The reports evaluated the</p>

to the needs, size, and scope of our services.		effectiveness of the AMS activities. The GP confirmed that antibiotic prescribing occurred as per best practice guidelines sourced from Best Practice Advocacy Centre New Zealand (BPAC), and laboratory services.
<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>	PA Low	<p>Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was documented, and standard definitions were used relating to the type of infection acquired. Monthly surveillance data was collated and presented at staff meetings. The nurse manager analysed the data to detect trends. The GP stated the residents were cared for in a manner that reduced the risk of infection. Residents who developed an infection were informed and family/whānau were advised. The process was culturally appropriate, and this was confirmed by residents and family/whānau. The service last had an outbreak of Covid 19 nine months prior to the audit.</p> <p>An improvement is required regarding the collection of ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>Documented processes for the management of waste and hazardous substances were in place. Safety datasheets for chemicals were readily accessible for staff. Chemicals were stored in locked areas throughout the facility. Personal protective clothing was available and seen to be worn by staff when carrying out their duties.</p> <p>There were policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There were dedicated laundry and cleaning staff. Laundry and cleaning staff had completed chemical safety training and laundry processes. There was a cleaning manual available. Laundry was transported in covered trolleys to the laundry. The laundry had a designated dirty to clean flow. The cleaners' equipment trolley was attended at all times or locked away in the cleaners' cupboard. All chemicals on the cleaner's trolley were labelled. Cleaning and laundry services were monitored through the internal auditing system. Sluice rooms were kept locked when not in use. Residents and family/whānau interviewed reported satisfaction</p>

		with the cleaning and laundry service.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The nurse manager was the restraint officer and stated that restraint was only used when required to ensure safety of the resident. At the time of the audit there were eight residents on some form of restraint, all of whom were residing in the hospital wing. Restraints included laps belts and/or bed rails for residents that a tendency to get up and fall if unassisted. The number of residents and the type of restraints in use were discussed at staff meetings. This was confirmed in staff meeting minutes and interviews with staff.</p> <p>There were adequate policies and procedures regarding restraint minimisation and management. Procedures provided guidelines of restraint minimisation and alternatives that could be trialled. All staff had received education regarding restraint minimisation and safe restraint use.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	PA Moderate	<p>All residents with restraint had been assessed and approved. Assessments had been approved by the GP and the nurse manager, Monitoring documentation records when the restraint was placed on and off. The restraint monitoring form and progress notes documented the person-centred cares provided to the resident while the restraint was in use, for example, changes of position, and the provision of food and /or fluids. Monitoring documentation was kept up to date and was visible on the front of resident files. Residents with a restraint in use were either on two or four hourly monitoring. The restraint register was up to date and included the eight hospital residents. In all cases the consent to use restraint had been signed by the enduring power of attorney, or family/whānau as the residents had been assessed by the GP as unable to give consent. There were six residents who had bedrails up when they were in bed, one resident who had bedrails and a lap belt and one resident who just had a lap belt. All restraints were used to prevent the resident from falling. There had been no incidents related to restraint use and emergency restraint had never been used.</p> <p>All restraint use was reviewed every three months and the plan of care</p>

		updated accordingly. An improvement is required regarding trialling or implementing alternatives to restraint.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The nurse manager and the registered nurse were both interviewed regarding the need for restraint. They were both aware of all restraints in use and the supported the need to have them to keep the residents safe. There was no evidence of any harm to residents and no incidents related to restraint use had been reported. Regular restraint reviews had been completed and it was felt that there was no alternative. Family/whānau and the GP were satisfied with the care being provided.</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 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.</p>	PA Low	There is no governance body. The service is solely owned and operated by the nurse manager. There were no staff or residents who identified as Māori and access to Māori representation in the area was limited. There was a kaupapa Māori hauora in Thames which could be contacted.	There is no meaningful Māori representation in the organisation.	<p>Obtain meaningful Māori representation.</p> <p>180 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Moderate	Adverse event records were sampled. There was some evidence that causative factors were being identified and actions implemented to mitigate risk. There was evidence families/whānau were notified. Events were collated and discussed at staff meetings. Unwitnessed falls were the	Adverse events are not collated in a manner to provide meaningful analysis and mitigate risk.	<p>Include time and location in the analysis of adverse events.</p> <p>90 days</p>

		highest number of events with 12 in the month of March 2023. Every event was documented; however, the analysis did not provide meaningful data. For example, events were collated by the type, but not time or location. A review of records showed that approximately one of three unwitnessed falls occurred in the hospital wing during the night shift.		
<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 Moderate	The nurse manager reported that they had ceased making the required Section 31 notifications regarding a shortage of nursing staff which had reduced from four to two. The nurse manager lives onsite which ensured a registered nurse was available at all times if needed.	Not all essential notifications had been made as required.	<p>Complete essential notification reporting as required.</p> <p>60 days</p>
<p>Criterion 2.2.7</p> <p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p>	PA Low	There were policies and procedures which provided guidelines on the provision of high-quality health care for Māori, however there were no Māori residents at the time of the audit, and all staff had not received any specific education regarding equity or how to implement the principles of Te Tiriti in day-to-day practice. Cultural diversity education was provided to all staff in 2019 and cultural awareness training is scheduled for August 2023.	The service is currently unable to deliver high quality health care for Māori.	<p>Ensure the service can deliver high quality health care for Māori.</p> <p>180 days</p>

<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>	<p>PA Moderate</p>	<p>Health care assistants were rostered onto one of three shifts and allocated to the hospital or rest home wings. There were four in the rest home and three in the hospital wing in the morning, two on each wing in the afternoon and two on during the night shift (one in each wing). The registered nurse worked in the hospital wing and was rostered four days on and four days off. Nursing cover is provided by the nurse manager (for both wings) at all other times. There are team leaders on each shift, five of whom are overseas registered nurses. The activities person in the hospital wing works 10am to 6pm in order to assist with care giving duties around mealtimes. There was a staff member on duty on each shift, with a current first aid certificate. Rosters sampled confirmed that there was always a replacement staff member when a rostered staff member was on leave. The majority of gaps in the roster were filled by the nurse manager. The nurse manager lives on site and provided nursing cover during the night shift if required.</p>	<p>There are insufficient staff on duty at all times. During the night shift, there were no registered nurses working on the floor, and only two health assistants to cover both wings. The funders agreement requires at least two health assistants on duty at all times in the rest home, and two health care assistants and one registered nurse at all times in the hospital.</p>	<p>Provide sufficient staff to cover all shifts.</p> <p>30 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be</p>	<p>PA Moderate</p>	<p>Residents and family/whānau confirmed that they were involved in the resident's care planning process. However, clinical records sampled did not consistently include current interRAI assessments. Not all clinical records sampled held documented assessments that had been completed</p>	<p>Not all nursing assessments were documented within a timely manner to inform care- plan development. Not all interRAI assessments were current.</p>	<p>Ensure all nursing assessments are completed within a timely manner. Ensure all interRAI assessments are current.</p>

involved when the person receiving services requests this.		in a timely manner to inform care-plan development.		90 days
<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 risks that may adversely</p>	PA Moderate	<p>Staff interviewed discussed the falls procedure and were familiar with the documentation required to be completed. Incident forms were completed following a fall. Family/whānau were notified if a resident suffered a fall and this was confirmed during family/whānau interviews. However, there was no evidence in the clinical record that a resident who suffered two unwitnessed falls had neurological observations performed post fall.</p> <p>The progress notes of a resident consistently documented increasing confusion. The resident subsequently required the insertion of an IDC; however, a urine specimen was not obtained at the time as per best practice.</p> <p>The progress notes of a resident documented ongoing pain, at times affecting mobility, however there was no documentation of a pain assessment to inform the type, intensity, possible origin or treatment options available to manage the pain.</p> <p>Clinical records sampled did not consistently include all the resident's laboratory or radiological reports. The staff communication book used as a handover tool included clinical</p>	<p>Early warning signs and risks are not always escalated for appropriate assessment and intervention. Clinical records are not consistently integrated</p>	<p>Ensure early warning signs and risks are always escalated for appropriate intervention. Ensure clinical records are consistently integrated.</p> <p>90 days</p>

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.		information regarding individual resident's health and well-being which was then expected to be duplicated into the progress notes.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or</p>	PA Moderate	<p>Resident's clinical files sampled did not consistently hold documentation to confirm that they had been reviewed by the GP at three monthly intervals. The nurse manager confirmed that there was not a process to ensure all residents were reviewed by the GP three monthly. The nurse manager advised that residents were reviewed by the GP according to their individual requirements, and residents with a stable health status were not always seen three monthly. The GP visited the service weekly, and more frequently if required. The nurse manager and GP stated the GP remained on site until all the residents requiring review were seen. The nurse manager advised that residents were prioritised to see the GP as a tool to support the workload of the GP, which had been affected by the chronic shortage of GP's. The GP confirmed that a twenty-four-hour, seven day a week service was provided to the rest home. The GP stated that phone advice was sought by the service as required, including 'out of business' hours. The GP confirmed that residents were reviewed as per the nurse</p>	<p>Not all residents had been reviewed by the GP at three monthly intervals.</p>	<p>Ensure all residents are reviewed by the GP at three monthly intervals, or more frequently if required.</p> <p>90 days</p>

support plan.		manager's request, and a that the GP did not keep a record to ensure that all residents were seen at least three monthly.		
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	PA Moderate	Medication records sampled were legible, and all medication orders had been signed by the GP. However not all records contained documentation to confirm the GP had reviewed the medication chart within the past three months.	Not all medication files had evidence of a documented three-monthly review by the GP.	<p>Ensure all medication files have a documented three-monthly review by the GP.</p> <p>90 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Moderate	There have been delays in getting the menu reviewed by a dietician. The menu was last reviewed in January 2021 and was due for another review in February 2023.	The menu has not been reviewed as required.	<p>Ensure the menu is reviewed.</p> <p>180 days</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Moderate	The cook had completed a lot of preparation for the food control plan. New systems for monitoring have been developed and the required documentation has been completed, however the service is yet to have the food control plan approved.	The food control plan has not been approved.	<p>Ensure the food control plan is approved.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and</p>	PA Low	Surveillance methods, tools documentation and analysis were appropriate to the size and scope of the	Surveillance data did not include ethnicity data.	Ensure surveillance data includes ethnicity data.

assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.		service. Standard definitions were used. Surveillance data included the type, duration and treatment provided for the infection; however ethnicity data was not collected.		90 days
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes available resources able to be put in place;</p> <p>(d) By the most appropriate health professional;</p> <p>(e) When the environment is appropriate and safe.</p>	PA Moderate	The restraint register included a column to record whether alternatives to restraint had been tried. In all cases, this column indicated they had not. A new restraint review form had been implemented for the three monthly review. The new form included what alternatives had been trialled, however the new form had only been used for one resident. All other review forms did not include alternatives which had been considered or trialled. The nurse manager had purchased two low-low beds, however reported that this did not reduce the need for bedrails.	There was insufficient evidence that alternatives to restraint had been trialled or implemented.	<p>Maintain evidence that alternatives to restraint had been discussed and trialled.</p> <p>60 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.