

Capital Residential Care Limited - Ocean View Residential Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Capital Residential Care Limited

Premises audited: Ocean View Residential Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 7 March 2023 End date: 8 March 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 19

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
Yellow	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
Red	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

Ocean View Residential Care is certified to provide rest home level of care for up to 24 residents. There were 19 residents on the days of audit. This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Te Pae Hauora o Ruahine o Tararua | MidCentral.

The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

The owner manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the previous partial attainments around maintenance.

This audit identified an area of improvement related to medication checks, and self-medicating management.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Māori health plan is in place for the organisation and a Pacific health plan is being developed. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has a documented quality and risk management programme. Internal audits are completed.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is in place.

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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InterRAI assessments are completed by the clinical nurse manager. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

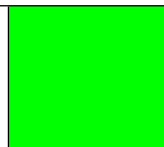
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activity programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group. The service celebrates cultural events, celebrating Māori and other ethnicities.

Food preferences and dietary requirements of residents are identified at admission and the kitchen staff provides meals which support the individual's cultural beliefs and values.

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

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



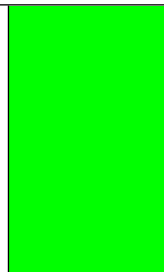
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days.

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.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

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

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	20	0	0	1	0	0
Criteria	0	57	0	0	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>	FA	<p>The facility manager confirmed that the service supports the employment of a Māori workforce. There are staff identifying as Māori (or having whānau connections) at the time of the audit. The cultural awareness, cultural safety and responsiveness policy is documented for the service. Māori staff interviewed confirmed management was supportive and encouraged te ao Māori in the workplace. The annual quality review confirms a commitment to recruitment and retention of Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The service plans to partner with a Pacific organisation or leader who identifies as Pasifika, to provide guidance and consultation as the Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika at Ocean View. There were no Pacific residents at the time of audit.</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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Observation and interviews with five residents and three relatives confirmed the service respects the rights of all residents and encourages individuals to make choices. The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau utilising the service.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. New words in te reo Māori are taught to the staff through daily communication. Te reo Māori is reinforced by those staff who are able to speak/understand this language. Staff interviewed stated they speak te reo Māori (common words and greetings) to residents who are able to understand.</p> <p>Interviews with eight staff (one registered nurse, four caregivers, one activities coordinator, one cook, and one housekeeper) confirmed their understanding of tikanga best practice in relation to their role, with examples provided. This training is also included in the caregiver orientation programme.</p> <p>Specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori, is included in the education planner.</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>	FA	<p>The individual employment agreements include an understanding of staff conduct. There are policies which address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed made comments about the positive working environment</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>at Ocean View Residential Care.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. A Māori health care plan has been implemented for Māori residents. The resident care plans reviewed were holistic and promoted independence.</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>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The resident files reviewed evidenced family are involved in decision making (with resident's consent). The relatives interviewed stated they were involved in consent and decision-making processes.</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 procedure is an equitable process, provided to all residents and relatives/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on a complaint register. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been four written complaints in 2022 and no complaints for 2023 (year to date) lodged since the previous audit. Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms are located in a visible location at reception. Management advised that the complaint process could be printed in te reo if required and</p>

		<p>acknowledge the importance of face-to-face interactions. There have been no complaints received from external agencies.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly and include an agenda item of open discussion.</p> <p>Interviews with the facility manager, and registered nurse confirmed their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ocean View Residential Care is a privately-owned service that provides rest home level care for up to 24 residents. On the day of audit there were 19 residents, including one resident on an accident compensation corporation (ACC) contract, one under a mental health contract (MH) and one respite resident. All other residents were on the age-related residential care contract (ARRC).</p> <p>The owners are a husband-and-wife team, who have owned the business for nearly eight years. The wife is non-clinical and supports her husband with financial oversight on a part-time basis. The husband (non-clinical) works in the role of facility manager (FM) and is responsible for maintenance, rosters, finance, and day to day running of the facility. The owners are supported by a clinical nurse manager (CNM), who is a registered nurse with many years of experience in the aged care sector. The CNM has worked in the role for three years. At the time of the audit, the clinical nurse manager was on leave and participated via phone calls. Management is supported by a part-time administrator who also works as a senior caregiver. There is a registered nurse who provides casual and part-time cover for the CNM. The casual registered nurse also provides on-call cover as required. The caregivers are long standing and are experienced in their field.</p> <p>Management meets four-monthly and includes the clinical nurse</p>

		<p>manager, administrator and facility owner manager and part-time financial owner/manager. The team also meet informally on a weekly basis.</p> <p>Ocean View Residential Care has an annual strategic business plan for 2023 and 2024. There is an annual quality and risk management plan in place which is reviewed regularly.</p> <p>The clinical nurse manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes level four certificate in Māori protocols and language, a course on Te Tiriti o Waitangi and a manager's workshop run by the New Zealand Aged Care Association. The facility manager has completed Te Tiriti o Waitangi training, privacy training and attended aged care forums in the previous year.</p> <p>The owners collaborate with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. Barriers are identified and addressed for Māori to be provided with equitable service delivery. There is an in-house kaumātua providing support to the owners/management team. The satisfaction surveys and resident meetings provide forums for tāngata whaikaha to have input into the service.</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>FA</p>	<p>The service has a quality and risk management programme provided by an external consultant. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Clinical indicator data is collected and analysed, and results discussed in management and staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to): health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education.</p> <p>Resident meetings are held two to three-monthly and provide a forum for open discussion and sharing of survey results, staff movements</p>

	<p>and outbreak management. Resident and family/whānau satisfaction surveys are completed annually. The 2023 survey had a low response rate but indicated all respondents were happy with all aspects of the service. These results were confirmed during interviews with residents and families/whānau. The service actively looks to improve health equity through critical analysis of organisational practices. This is completed through annual reviews of the quality programme.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>A health and safety programme is being implemented with the facility manager and administrator in the role of health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident, a debrief process is documented on the incident report.</p> <p>Each incident/accident is documented in hard copy. Nine accident/incident forms reviewed for December 2022, January, and February 2023 (unwitnessed falls, skin tears, and bruising) indicated that the forms are completed in full and are signed off by the clinical nurse manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. There is a policy and procedure for recording neurological observations, which is closely followed.</p> <p>Discussions with the manager evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around absconding. There have been three outbreaks documented since the last audit (two Covid-19 and one gastro).</p> <p>The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. Training is supported with input from a resident who identifies as Māori.</p> <p>The service actively looks to improve health equity through critical analysis of organisational practices. This is completed through annual</p>
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		reviews of the quality programme.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and CNM cover Monday to Friday and on call. The casual RN provides relief cover for the CNM.</p> <p>The facility manager, clinical nurse manager, casual RN and a selection of caregivers and activities staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers and casual staff. The casual RN performs the clinical nurse manager's role in her absence. The RN has access to the clinical nurse manager and the GP for support if required.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Caregivers stated there is enough time in their shift to complete all cares and laundry duties throughout the shifts. There is the flexibility on the roster to increase hours to meet residents' needs. The caregivers, residents and relatives interviewed, confirmed there are sufficient staff on duty at all times.</p> <p>The CNM provides both group and one on one training education to all staff, with additional education training available online. A review of training identified compulsory training has been provided. The training included the provision of safe cultural care and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training days provided by Te Whatu Ora Health New Zealand.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Nine caregivers are employed. Two caregivers have achieved a level 3 NZQA</p>

		<p>qualification, and two caregivers have achieved level two.</p> <p>Ocean View's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All caregivers are required to complete annual competencies, including (but not limited to): restraint; hand hygiene; correct use of personal protective equipment; medication administration (if medication competent); and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include (but are not limited to) syringe pump, wound management and an interRAI assessment competency. The CNM is interRAI trained. Care staff are encouraged to complete additional training opportunities where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Information held about staff is kept secure, and confidential in a locked cupboard in the facility managers office. Ethnicity data has not previously been identified; however, management advised this is now in place for employees. A new staff form which collects this data was sighted.</p> <p>Five staff files were selected for review which evidenced a recruitment process being implemented. Files included employment interviews, reference checking, signed employment contracts and orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme includes information on providing a culturally safe environment for Māori.</p>
Subsection 3.1: Entry and declining entry	FA	The admission policy/decline to entry policy and procedure guide staff

<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>around admission and declining processes, including required documentation. The FM and CNM keep records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. The service is planning to include ethnicity in viewing information.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. Māori residents and staff interviewed confirmed they are supported to speak te reo Māori. The service has linkages through staff to the local marae and can access supports for residents who identify as Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five rest home files were reviewed. The registered nurse (clinical nurse manager) is responsible for completing all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and on the family/whānau contact forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. On interview, staff confirmed they support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses an initial nursing assessment, including risk assessments and an initial support plan is completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans evaluations are completed six-monthly or sooner for a change in health condition and included written progress towards care goals. All resident files reviewed included all required interventions or strategies to minimise assessed needs. Short-term concerns and interventions are updated in the long-term care plan and in the daily handover sheets.</p>

	<p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The service transports and accompanies residents to visit with their individual GP for regular three-monthly visits and as required and records medical notes in the integrated resident file. The GP service provides out-of-hours cover for palliative residents. In all other cases, (if required) the ambulance service is called. The regular GP was on leave at the time of the audit and one of the other doctors from the practise is providing cover. The GP was unavailable to interview. Medical notes in the residents' files identify specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist as required and a podiatrist and ear health nurse visit regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua Mid Central.</p> <p>Neurological observations are completed for unwitnessed falls, or where there is a head injury. The nurse manager reviews all neurological observations as a matter of daily routine.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by caregivers. The RN reviews the notes at least weekly or following any incidents or changes in health status and documents in the progress notes. The RN also adds changes to the handover notes.</p> <p>The family member interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the RN initiates a review with a GP. Family was notified in accordance with resident instructions of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, as sighted in resident files.</p> <p>Wound assessments and a wound management plan were reviewed for the one resident with a venous ulcer. Wound dressings were being changed appropriately and a wound register is maintained.</p>
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		<p>Evaluations were well documented and evidence progression towards healing.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Adequate supplies of wound and continence products were sighted during the audit. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The facility policies and the Māori health plan detail the supports the service provide for Māori residents. The activities coordinator confirmed on interview that Māori residents are supported to embrace their culture.</p> <p>The activity coordinator discussed the activities programme and provided explanation and opportunities for residents to present their Pepeha. Themed days such as Matariki, Melbourne Cup and Christmas are celebrated with appropriate resources available.</p> <p>The facility has its own van which is used for outings and resident transportation to appointments as required. Community visitors include Sunday school children visits, entertainers, church visitors and pet therapy visits.</p> <p>Residents interviewed were happy with the overall activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. 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</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All caregiver staff who administer medications have been assessed for competency on an annual basis. The CNM provides one-on-one education to all staff on an individual basis throughout the year. The clinical nurse manager has completed syringe driver training.</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>Staff were observed to be safely administering medications using an electronic medication management system. The RN, and caregivers interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart by the CNM or RN and any discrepancies are fed back to the supplying pharmacy.</p> <p>Fridge temperatures are monitored weekly. Medication is stored in a locked cupboard in the hallway and in the medication trolley in the nurse's station; however, there is no ability to control the temperatures in the nurse's station. Advised that on completion of each round, the medication folders should have been returned to the monitored medication cupboard, not stored in the trolley in the nurse's station. The temperatures in the nurse's station is estimated to be above 25 on a regular basis during summer months. All medications are checked monthly for expiry dates and returned to pharmacy when required. Controlled medications are securely stored and documented in the controlled drug reconciliation register; however, weekly checks have not been consistently recorded as scheduled. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one resident self-administering medications; however, competency checks had not been completed as per policy. The resident did not have access to secure storage. There were no vaccines kept on site and standing orders are not used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RN described working in partnership with all residents (including Māori residents) and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<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>FA</p>	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The staff have provided menu options culturally specific to te ao Māori. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers are coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building system status report issued in lieu of a building warrant of fitness which expires in May 2023. The facility manager is responsible for all maintenance, including scheduled preventative maintenance and is available after hours. There are maintenance request books for repair and maintenance requests located in the nurse’s station. These are checked daily and signed off when repairs have been completed. Improvements to the facility since the last audit include exterior paths; upgraded security locks; painting; new laundry equipment; and updated bathroom surfaces. The previous partial attainment relating to (NZS 8134:2008 criteria #1.4.2.1) maintenance has been addressed.</p> <p>Electrical testing and tagging, equipment and call bell checks,</p>

		<p>calibration of medical equipment and weekly testing of hot water temperatures have been completed. Hot water temperatures sighted were within acceptable ranges.</p> <p>Although there are no current plans to expand the building, the organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p> <p>Te Whatu Ora portfolio manager has requested feedback on the environment and how cluttered it was. On the days of audit, the environment was tidy and clean. Residents were sighted moving freely within the facility. There is safe access to the outdoor areas. Seating and shade is provided. The age and design of the building limits the storage of resources and on the days of audit, communal equipment was stored in corridors and lounges, but residents were able to freely move around.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours and staff complete security checks at night. All visitors complete an attendance register at reception on arrival and when leaving the facility.</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 service has a pandemic plan which includes the Covid-19 response plan. This includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests, should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service incorporates te reo information around infection control for Māori residents. Several posters in te reo were posted throughout the facility. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti o</p>

scope of our services.		Waitangi. Staff interviewed provided examples of culturally safe practices around infection control in relation to their role.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service is incorporating ethnicity data into surveillance methods and data captured around infections. Ethnicity data is available through a range of sources including the electronic medication system.</p> <p>There have been three outbreaks (two Covid-19 and a gastro) since the previous audit. The facility has a documented pandemic plan. Communication is provided to residents and relatives around infections and treatment.</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>	FA	<p>There are current policies that reflect best practice and eliminating restraint. The policy reflects the owners' commitment to maintaining a restraint-free environment. The clinical nurse manager is the restraint coordinator and has a job description that defines the role and responsibilities. No residents were using restraints on the day of audit.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours. Caregivers' complete restraint questionnaires annually and have recently completed online training on challenging behaviour and restraint minimisation.</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 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA</p> <p>Moderate</p>	<p>Registered nurses and medication competent caregivers are responsible for all aspects of medication storage and administration. Controlled medications are safely stored in a safe, in a locked cupboard; however, not all weekly checks have been completed. On the day of audit, medication was being stored in trolley the nurse’s station where temperatures are acknowledged to be over 25 degrees. Systems are in place to ensure staff competency and safe storage; however, not all processes were being followed.</p>	<p>i). Weekly checks of the controlled drug register have not been consistently completed.</p> <p>ii). Room temperatures in the nurse’s station where medication is stored is not checked.</p>	<p>i). Ensure controlled drugs checks are completed weekly.</p> <p>ii). Ensure room temperatures are recorded and maintained at 25 degrees or below</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>Self-medication policies guide safe storage and three-monthly self-medication competency checks; however, not all competency checks were completed as required.</p>	<p>One self-medicating resident did not have a current competency on file.</p>	<p>Ensure self-medicating residents have their competency reviewed three-monthly as per</p>

				policy. 60 days
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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.