

# Kamo Home & Village Charitable Trust - Parahaki Court

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Kamo Home & Village Charitable Trust
<b>Premises audited:</b>	Parahaki Court
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 22 March 2023 End date: 22 March 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	22

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Parahaki Court Rest Home is one of four aged residential care facilities owned and managed by Kamo Home and Village Charitable Trust. The service provides rest home level care for up to 25 residents. The general manager was available and interviewed at this audit.

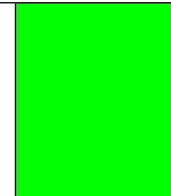
A registered nurse covers this service supported by the organisation's clinical charge nurse who is also responsible for another service in the same region. All residents are cared for by the contracted general practitioner.

This unannounced surveillance audit was conducted against the Ngā Paerewa Standards 8134:2021. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, the general practitioner, whānau/family members, the management team and staff.

There were no improvements from the previous audit to follow-up and no improvements required at this audit.

## 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.

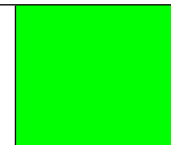
Staff have received education on cultural safety. The needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. The service works collaboratively to encourage a Māori world view of health in service delivery.

Principles of mana motuhake were evidenced in service delivery. Information is communicated in a culturally safe manner that enables understanding. Consent is obtained where and when required.

Processes are in place to resolve complaints promptly and effectively with all parties involved. A complaints register is maintained.

## 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 quality and risk management system are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

Staff are provided with an appropriate orientation and participate in ongoing planned education annually. All employed and contracted health professionals maintain a current annual practising certificate. All care staff have a first aid certificate. Staffing is managed effectively providing adequate cover.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau.

Medicines are safely stored and administered by staff who are competent to do so.

A holistic approach to menu development is adopted ensuring nutritional value, cultural beliefs, values, and protocols around food are observed. Special needs are catered for. Food culturally specific to te ao Māori food is provided. Residents verified satisfaction with meals.

## 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 facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibration of equipment was verified. Internal and external areas are accessible, safe and meet the needs of residents.

The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security is maintained.

## **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 pandemic plan in place is reviewed regularly. Sufficient infection prevention resources including personal protective equipment (PPE) were available and readily accessible to support the plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Healthcare associated infections are communicated to residents in a culturally safe manner. Follow-up action is taken as and when required. An infection outbreak reported since the previous audit was managed effectively.

## 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 policy states a commitment to promote elimination of restraint. Education is provided to staff at orientation and is ongoing. No residents were using restraint on the day of the audit, and this was also reflected in the restraint register maintained by the general manager.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	52	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>Parahaki Court Rest Home has a cultural policy (reviewed in March 2022). The general manager (GM) interviewed ensures Māori applicants for positions advertised, are provided with equal opportunities for all roles. All applicants are acknowledged and information is recorded as part of the human resource management process. There were residents and staff who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. To improve the outcome of Pasifika people expert advice would be sought if not available from the resident and family. Cultural assessments and care plans for residents of each Pacific country are available to implement. Models of care for each are clearly documented and implemented. The service has contacts and links with a Pacific church in the community. No residents on the day of the audit identified as Pasifika. There were staff who identified as</p>



<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Māori residents, family/whānau or their representative of choice are involved in the assessment and care planning process to determine residents' wishes and support needs to ensure Māori mana motuhake is recognised. Residents who identify as Māori confirmed that their cultural values and beliefs were respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Te reo Māori and tikanga Māori is actively promoted throughout the organisation and incorporated through all activities. The service is working towards providing staff training on Te Tiriti o Waitangi. The Code of Health and Disability Services Consumers' Rights (the Code) posters in English language and te reo Māori were posted around the facility. Locations around the facility were displayed in te reo Māori and English language.</p> <p>Tāngata whaikaha's needs are responded to as assessed and participation in te āo Māori is enabled. Residents who identify as Māori stated that their cultural needs are met, and they are supported to participate in te āo Māori as desired.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are</p>	<p>FA</p>	<p>Staff have received education on elder abuse. Residents reported that they are free to express any concerns to the management team when required and these are responded to promptly. Systems to monitor institutional and systemic racism in place include annual residents' satisfaction surveys, three monthly residents' meetings where residents confirmed they are free to express their concerns, care</p>

<p>safe and protected from abuse.</p>		<p>review meetings and the complaints process. There is a te reo Māori version of the complaints procedure.</p> <p>A Māori health care plan is utilised to ensure a strengths-based and holistic model supporting wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Tikanga guidelines in relation to consent are practiced. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person or enduring power attorney (EPOA) was involved in decision making and consent processes. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Staff were observed to gain consent for daily cares.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. There is also a complaints flowchart developed and implemented. The process complies with Right 10 of the Code which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>Staff and residents interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family/whānau member. Family members commented that any issues were dealt with promptly and professionally.</p> <p>There have been no written or verbal complaints received since the</p>

		<p>previous audit. The clinical charge nurse (CCN) and the GM are responsible for any complaints management and follow-up as required. The GM is responsible for the complaints register.</p> <p>No complaints have been received via the Health and Disability Commissioner's (HDC) office, independent advocacy service, Te Whatu Ora – Te Tai Tokerau or the Ministry of Health (MoH) since the previous audit. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter or a kaumatua, if this is required. The service already has the complaints procedure and complaints form translated into te reo Māori.</p>
<p><b>Subsection 2.1: Governance</b></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>Parahaki Court Rest Home provides aged related residential rest home care. The general manager (GM) was interviewed. The GM oversees four facilities and is supported by a clinical charge nurse and a group care manager. The group care manager (GCM) was involved and present for the audit. A registered nurse is employed to manage the day-to day service delivery four days a week and the clinical charge nurse (CCN) covers two to three days a week.</p> <p>This GM explained that the service is a charitable trust, therefore there are no barriers for rest home level residents or those with a disability (rest home level), to be admitted to this home, if a bed is available at the time. The trust board members and senior staff are yet to complete Te Tiriti o Waitangi and equity training, but all have completed cultural competencies.</p> <p>A kaumatua was appointed to the Trust Board and is available to provide cultural advice on a regular basis and ensure obligations to meet the needs of Māori residents are met. The GM, registered nurses and staff ensure they maintain a good relationship with all residents, families and extended families/whānau and the local community organisations.</p> <p>The service has a focus on ensuring services for tāngata whaikaha are undertaken to improve resident out-comes, and this was explicit within the business and strategic plan for Kamo Home and Village</p>

		<p>Charitable Trust.</p> <p>Parahaki Court Rest Home has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora for rest home and respite care. The service provides services for up to 25 residents. On the day of the audit 25 residents were receiving rest home level care.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management. The GM is responsible for implementation of the quality and risk system with input from the clinical team, and reports to the Trust Board monthly. There are seven board members including the Chairman of the Board. The board can request further information as needed.</p> <p>There are a range of internal audits planned for 2023, which are undertaken using template audit forms. Results were collated monthly and action plans developed as needed. The service prioritises any findings related to key aspects of service delivery and resident and staff safety. The staff are informed of any results.</p> <p>An annual resident/family survey and separate staff feedback was facilitated September 2022. A reasonable response rate (as per the GM) was received from both surveys undertaken. The main outcome was to review the actual forms utilised. Feedback from residents and family was positive. Any other outcomes were used for quality improvements. No quality projects were occurring at the time of the audit.</p> <p>Health and safety systems are implemented. There was a current up-to-date hazard register. A hazardous substance register was maintained by the maintenance manager interviewed. A risk management plan for 2023 was reviewed with clear objectives documented. The GM and the management team are fully informed and comply with statutory and regulatory obligations in relation to essential notification reporting. No Section 31 notifications have been</p>

		<p>completed since the previous audit for Parahaki Court Rest Home.</p> <p>Quality meetings are held bi-monthly. Quality checks are disseminated to the team and 'balanced score cards' are presented to the three-monthly staff meetings for all five facilities in the group. Corrective action plans are raised as continuous improvement on the electronic system used across all services, these remain open until closed out effectively by the GM. Benchmarking occurs three monthly both internally and externally via 'Quality Performance Systems' (QPS) adopted by the organisation. The GM is responsible for quality across the organisation. The quality committee consists of the senior management team the GM, GCM and the CCN. The CCN meets with each team at the different facilities including the RN at Parahaki Court Rest Home. Resident meetings are also held three monthly and an open-door policy is in place at all facilities, to talk with management or staff if they have any issues.</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>FA</p>	<p>There is a documented process determining staffing levels and skill mix to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care required and when residents' needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. Family interviewed supported this.</p> <p>The caregivers have all completed relevant competencies, such as infection prevention and control, restraint and cultural safety. There are 12 caregivers employed at the facility and all have a level four qualification after completing the recognised New Zealand Qualification Authority (NZQA) aged related care training. They have all completed medication competencies and first aid training. On each shift there is at least one staff member on duty who has completed this required training.</p> <p>The GM and other members of the management team have attended relevant leadership and management training and other courses related to aged care. The on call 24/7 is shared by one of the four CCNs employed by the Trust and the Parahaki Court RN. There is</p>

		<p>also an on-call 'flow chart' for Kamo Home and Village Charitable Trust that was reviewed. The last month's rosters were reviewed, and staff were always covered whether they were on planned or unplanned leave. No agency/bureau staff were used at the facility.</p> <p>A diversional therapist is employed Monday to Friday, six hours a day to provided organised and planned activities suitable to meet the residents' individual needs. Resources are readily available.</p> <p>Staff receive ongoing training which is planned annually. There is an 'Education Coordinator' who is centralised at Kamo Home and Village. The coordinator provides all training and maintains records for each individual staff member. Training topics include infection prevention and control, wound-care, manual handling, restraint elimination, Māori health and wellbeing and other topics of interest. Mandatory and elective education is provided to meet the obligations with the service providers agreement with Te Whatu Ora Te Tai Tokerau.</p> <p>Training has been provided on cultural safety and diversity and aspects of Te Tiriti. Work is yet to be undertaken to ensure all staff meet the needs of residents equitably, to include high quality Māori health information in the education programme provided, and to invest in the senior staff health equity expertise.</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>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates. The human resource recruitment coordinator who works centrally for the organisation ensures all staff records are maintained electronically. The GM stated that any staff that identify as Māori can, if they wish, have their orientation and education translated into te reo Māori. Performance reviews are completed annually and are next due August 2023.</p> <p>A comprehensive orientation and induction programme has been implemented and staff confirmed its usefulness and applicability and felt well supported. New caregivers are 'buddied' to work with a senior caregiver for orientation and spend time with the clinical charge nurse.</p>

		<p>Additional time is provided as required. A checklist is completed.</p> <p>Staff ethnicity is being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and kept securely.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Parahaki Court Rest Home maintains a record of the enquiries, admissions and those declined entry. Work is in progress to implement routine analysis of entry and decline rates including specific data for entry and decline rates for Māori. There is a kaumatua who is on the board of trustees who provides cultural support as required for the benefit of Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The registered nurses (RNs) complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The Māori health care plan utilised for Māori residents, includes Māori healing methodologies, such as karakia, mirimiri, rongoa and special instructions for taonga. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of</p>

	<p>concern. Behaviour monitoring charts were completed where applicable with appropriate interventions implemented as required. Residents and family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plans where applicable. Tāngata whaikaha and whānau are supported to access information when required.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP confirmed satisfaction with the care being provided. Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Residents' transfers to other health services were managed effectively with appropriate documentation provided to allow continuity of care.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions were resolved. The evaluations included the residents' degree of progress towards achieving their agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or</p>
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		<p>family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Opportunities for Māori to participate in te ao Māori included celebration of Waitangi Day and Matariki day with Māori music played. The Māori language week was celebrated with Māori words posted around the facility. Māori residents can attend to family/whānau functions in the community as desired and family/whānau can visit the residents in the facility. Residents who identify as Māori expressed satisfaction with the provided community initiatives that meet their needs and aspirations.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system was appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system was used. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required'</p>

		<p>(PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication cupboard and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication cupboard sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements. There was an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</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,</p>	<p>FA</p>	<p>Residents' diet requirements are assessed on admission to the service in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>The menu in use was reviewed by a dietitian on 23 June 2023. Culturally specific to te ao Māori food, such as 'boil up' and fried bread, is provided per residents' requests. Family/whānau are welcome to bring culturally specific food for their relatives. Māori residents expressed satisfaction with the food options provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose.</p> <p>There was a current building warrant of fitness which expires 3 September 2023 and calibration of equipment was current and up to date (last reviewed 19 September 2022).</p> <p>Whānau/family interviewed were happy with the environment being suitable for their family member's needs. There are well maintained garden areas around the facility which is on level land. There is a courtyard at the front of the rest home with tables and chairs and shade is provided. The areas provide sun, privacy and quietness. The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. There is te reo Māori signage and some cultural artwork displayed around the facility. No new building or renovations were taking place at the time</p>

		of the audit. Residents have their own individual rooms. There is one main dining room and lounge which is spacious to accommodate the residents.
<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 a fire evacuation plan in place approved by Fire and Emergency New Zealand (FENZ) on 17 March 2000. A fire evacuation drill was last conducted on 20 March 2023. A list of current residents and their individual abilities/needs in the event of a fire or other civil defence emergency was sighted.</p> <p>Security is managed by the staff by checking all doors and windows on the afternoon and night shifts. There are close circuit television security cameras in place (CCTV) and signage is in place. A backup for the security computer system is in place. Staff wear name badges for identification.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The pandemic plan in place was last reviewed in November 2022. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP were provided in consultation with residents and family/whānau as needed to acknowledge the spirit of Te Tiriti as confirmed by the interviewed residents. In interviews, staff understood these requirements. Hand hygiene and Covid-19 infection prevention precautions educational resources in te reo Māori were available.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and analysis of infection statistics is completed by the general manager every two months. The data is collated, and action plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>included in surveillance records.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There was one COVID-19 infection outbreak reported since the previous audit that was managed effectively with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is a commitment from governance in the restraint policy toward eliminating restraint (this was also translated into te reo Māori on the policy reviewed). There were no residents using a restraint on the day of the audit. No restraint has ever been used at this facility and this was verified in the restraint register. Restraint management and full education is provided to staff during orientation and as part of the ongoing education programme. The GM is the restraint coordinator.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

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End of the report.