

# Inglewood Welfare Society Incorporated - Marinoto Rest Home

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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 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:

<b>Legal entity:</b>	Inglewood Welfare Society Incorporated
<b>Premises audited:</b>	Marinoto Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 7 March 2023    End date: 8 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>	28

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

## General overview of the audit

Marinoto Rest Home is a community owned facility and governed by Inglewood Welfare Society Incorporated. The service provides rest home and hospital (geriatric and medical) levels of care for up to 32. On the day of the audit there was 28 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora New Zealand-Taranaki. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a nurse practitioner.

The service is managed by a facility manager (registered nurse) and supported by Inglewood Welfare Society committee members. Residents and relatives interviewed spoke positively about the service provided.

The service continues to implement a quality and risk management system. Residents and relatives interviewed were complimentary of the service and care provided.

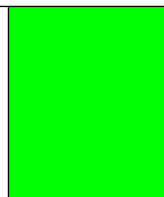
The service has continued to implement internal and external environmental upgrades, including full refurbishment of the kitchen.

The service has addressed seven of seven shortfalls identified at the previous audit relating to aspects of the quality system, education, implementation of care, and aspects of medication management.

This surveillance audit identified shortfalls related to the adverse events, and staffing.

## 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.

The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The service is committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Pacific health plan is in place.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Inglewood Welfare Society Incorporated is the organisation's governing body responsible for the service provided at this facility. The business plan includes a mission statement and outlines current objectives. The business plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the governing body. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service, with evidence of regular reviews.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans are completed in consultation with whānau and residents noting their activities of interest. Individualised, age-appropriate activity care plans are in place. In interviews, residents and family/whānau expressed satisfaction with the activities programme provided. Opportunities to participate in te ao Māori is facilitated.

There is a medicine management system in place. All medications are reviewed by the general practitioner or nurse practitioner. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional and cultural requirements are met.

Residents are referred or transferred to other health services in a coordinated and planned manner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Environmental audits monitor compliance.

Security arrangements are in place in the event of an external disaster or fire.

## 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.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated. The infection prevention programme is reviewed annually.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of Covid-19 in May 2022 and September 2022, and this was well managed.

## 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.

Marinoto Rest Home strives to maintain a restraint-free environment. The restraint policy documents the service's commitment to maintain restraint free. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

## 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	2	0	0
Criteria	0	63	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

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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>On interview, the facility manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Marinoto Rest Home. The facility links with Te Kōhanga Moa Marae for Māori talent and applicant referrals. At the time of the audit, there were staff members with Māori whakapapa. Healthcare assistants interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. There is a Māori health plan and business plan that documents a commitment to support the growth of a Māori workforce. Ethnicity data is gathered when staff are employed.</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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The Pacific health plan has been developed by an external consultant with input from Pacific</p>

<p>tino rangatiratanga. 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>people. The Inglewood Welfare Society Incorporated committee members link with Pacific organisations to assist in the implementation of their Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Māori residents interviewed said that all staff respected their rights. Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. There is a Māori health plan that provides guidance on responsiveness to Māori mana motuhake. Staff have completed cultural training, which includes Māori rights and health equity. Care plans reviewed reflect residents' goals and the promotion of the residents' independence.</p> <p>Interviews with the facility manager, eight staff (three healthcare assistants [HCA], three registered nurses [RNs], one kitchen lead and one activities coordinator) and review of care plans identified that the service's model of care is resident and family/whānau centred and all confirmed their understanding of Māori rights.</p> <p>Three residents (two rest home and one hospital) interviewed, and five family/whānau (three hospital, two rest home) confirmed that individual choices, independence, and cultural beliefs are respected.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Marinoto Rest Home annual training plan schedules education that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided twice in 2022 to support the provision of culturally inclusive care. The organisation's orientation checklist has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged a cultural care philosophy that is based on 'Te Whare Tapa Wha' in the Māori health plan. Te reo Māori is promoted through daily activities and interaction with residents and staff, as observed during the facility tour and activities</p>

		<p>programme. Policies and procedures are reviewed to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The business plan, Māori health plan and Inglewood Welfare Society Incorporated cultural advisor ensure wellbeing outcomes for Māori are prioritised. Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans.</p> <p>The Māori Health plan describes how care is provided based on the four corners of Māori health 'Te Whare Tapa Whā.' The clinical governance policy documents a goal to understand the impact of institutional, interpersonal, and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. The general admission process includes general consent, flu vaccination consent, transfer, and treatment consent. All consent forms were signed by either the resident or EPOA.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines. All staff completed Code of Rights training, including informed consent education in February 2023.</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 provided to residents and family/whānau during the resident's entry to the service. A comprehensive prior to entry pack includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they have are addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. There is a complaints policy that provide guidelines on the management of complaints. Staff completed training in February 2021 in effective communication, which includes the management of complaints. There are complaint forms available that are visible. Information about complaints is provided on admission. Staff interviewed understood the process around reporting complaints.</p> <p>A complaints register is being maintained. Nine complaints were lodged in 2021-2022. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified and all complaints have been closed off.</p> <p>One complaint dated April 2020 that was reported on at the previous audit, includes recommendations from the Health and Disability Commissioner related to improvement on adverse event management, implementation of benchmarking, and improvement in clinical governance policy. The facility made the following improvements following the complaint: (i) schedule of competencies includes oxygen administration; (ii) medication policies updated to include best practice guidelines for oxygen administration; (iii) internal audits at regular intervals on clinical documentation and staff files; and (iv) implemented monthly benchmarking on clinical indicators since July 2021. The improvements were implemented and documented as actioned on September 2022.</p>

		<p>The Ministry requested follow up against aspects of this complaint related to internal reporting and management of adverse events (criteria 2.2.5), documentation of medication administration and reconciliation of the controlled drug register (criteria 3.4.2) and documentation records for residents transferred to hospital (criteria 3.6.2). This audit has identified issues with adverse event management and documentation (link 2.2.5).</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>Marinoto Rest Home is owned by the community and governed by the Inglewood Welfare Society Incorporated (board of five committee executives). Marinoto Rest Home provides hospital (medical and geriatric) and rest home level care for up to 32 residents. There are 26 dual purpose beds (including a dual-purpose double room) and 6 rest home only beds. On the day of the audit there were 28 residents in total. There were 22 residents at rest home level and 6 at hospital level (including one resident on a palliative support care contract). The remainder of residents were all under the age-related residential care (ARRC) contract.</p> <p>The business plan 2021-2023 describe the vision, values, and objectives of Marinoto Rest Home. The business plan has clear business goals to support their philosophy of `importance of the wellbeing of the residents and with respect to their capabilities`. There is a business plan that includes quality goals that are discussed and reported on at the monthly clinical governance and quality improvement meeting. The Inglewood Welfare Society Incorporated committee and the cultural advisor supports implementation of the business goals.</p> <p>The manager has completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning through feedback collated from monthly residents' meetings and annual resident and family/whānau surveys. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori.</p> <p>The business plan and clinical governance policy reflects a</p>

		<p>leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Marinoto Rest Home is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities coordinator supports residents to maintain links with the community.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys. A cultural advisor on the Inglewood Welfare Society Incorporated committee supports the committee in providing cultural safe care. The chairperson interviewed stated committee members evidence all to be culturally competent through their different affiliations with Pacific and Māori organisations.</p> <p>The facility manager (registered nurse) has been in the role for two and a half years; with experience in health facility management and education in aged care. The facility manager is supported by the Inglewood Welfare Society committee, which includes a medical and cultural advisor. The clinical manager resigned end of January after being in the role for eight months and the position had been advertised. The facility manager is acting as the clinical manager till the vacancy is filled.</p> <p>The facility manager has maintained at least eight hours of professional development activities related to managing an aged care facility and other training includes: advocacy and complaint management; infection control; health and safety; fire safety; emergency procedures, Covid preparedness and Te Whatu Ora New Zealand Taranaki residential care annual study days.</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</p>	<p>PA Moderate</p>	<p>Marinoto Rest Home has procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in</p>

<p>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>place. Policies are regularly reviewed by an external consultant and meet the requirements of Ngā Paerewa Standard. New policies or changes to policy are communicated and discussed with staff. Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Marinoto Rest Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings include clinical governance and quality improvement meetings (which also includes infection control), and staff. The staff meeting documents a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. An internal audit schedule has been implemented for 2022 and is in place for 2023. Corrective actions are documented, followed up and closed off where improvements are identified. The previous audit shortfall (NZS HDSS:2008 # 1.2.3.5) around the implementation of the audit schedule and sharing of quality data information at meetings has been addressed. The previous audit shortfall (NZS HDSS:2008 # 1.2.3.8) around the documentation of corrective action plans has been addressed.</p> <p>Monthly meetings, weekly memo, and comprehensive handovers ensure good communication. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom.</p> <p>The 2022 and 2023 resident satisfaction survey reported high satisfaction results for all areas of service delivery. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted). There were no areas identified for improvement.</p> <p>Data is benchmarked in real time with other facilities and industry standards and is analysed internally to identify areas for improvement.</p>
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		<p>A health and safety team meets bimonthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated, and a consolidated report and analysis are then provided to the Inglewood Welfare Society committee monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Each incident/accident is documented in the electronic adverse event form, each event has a severity risk rating and immediate action and escalation to an RN is documented; however, not all forms have a thorough investigation (follow-up action(s) required) to address opportunities to minimise future risks or being signed off/closed off by the facility manager.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been forty-six Section 31 notifications completed relating to RN shortage and unavailability, and two notifications to inform of change in clinical manager for the period 2022/2023 year to date. Two Covid-19 outbreaks in May 2022 and September 2022 were reported to Public Health.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity through critical analysis of data and organisational practices.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Moderate</p>	<p>There is an annual leave and rostering policy that describes rostering and staffing ratios and skill mixes in an event of acuity change and outbreak management. The facility manager interviewed confirmed staff needs are included in the monthly report to the Inglewood Welfare Society committee. Staffing is flexible to meet the acuity and needs of the residents, and this was confirmed during interviews with RNs and HCAs. There is a first aid trained staff member on duty 24/7.</p> <p>Six weeks of rosters were reviewed and evidence that shifts where HCAs and support staff were absent/sick, they were replaced with</p>



<p>services.</p>		<p>another person.</p> <p>Interviews with staff confirmed that their workload is manageable. The facility manager interviewed confirmed an experienced workforce with the majority been employed for more than 12 months. There is a full complement of HCAs with no available vacancies. The facility manager confirmed the usual full time equivalent of RNs to be five; however, only one full-time RN and four part-time RNs are available to cover the roster. There are two current registered nurse vacancies including a clinical manager's role.</p> <p>Recruitment strategies and efforts are ongoing. Two part-time RNs complete interRAI and care planning documentation on allocated days.</p> <p>The facility manager explained that there are two international qualified nurses (IQN) currently employed as level 4 HCAs at Marinoto Rest Home; one is currently being supported to complete their competency assessment programme (CAP).</p> <p>There is access to an agency; however, when requested, nurses are often unavailable for Marinoto Rest Home. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and family/whānau confirmed their care requirements are attended to in a timely manner.</p> <p>Te Whatu Ora New Zealand- Taranaki Health of older people portfolio manager (funder) confirmed on the day of the audit that Te Whatu Ora New Zealand- Taranaki does not provide virtual RN support services; however, meets weekly with facilities that reported shifts with RN unavailability.</p> <p>There have been forty-six Section 31 notifications (between April 2022 and 7 March 2023) relating to RN unavailability; each notification covers a week of RN unavailability between three and seven shifts per week across afternoon and night shifts. The facility manager is on call and provides virtual service for controlled drug medication management.</p> <p>There are 26 dual purpose beds (including the dual-purpose double room) and 6 rest home only beds. On the day of the audit, there were 28 residents in total. There were 22 residents at rest home level and</p>
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	<p>6 at hospital level (including one resident on a palliative support care contract).</p> <p>A new RN is recruited to cover pm shift and one for night shift; however, the roster continues to evidence insufficient RN cover to cover annual leave or RN absences and approximately one to two nights shifts and one to two pm shifts.</p> <p>Where no RN is on a shift, support for HCAs is provided by a IQN that is medication competent. The facility manager provides syringe driver support when no RN is on afternoon and night shift. There were no residents requiring a syringe driver. There is a first aider with a current first aid certificate on each shift.</p> <p>There are sufficient number of HCAs to cover the roster. There are sufficient number of non-clinical staff to ensure non-clinical duties are performed. There are designated kitchen, cleaning, and laundry staff seven days a week. Activities staff covers five days a week.</p> <p>The training schedule for 2022 reviewed evidence all education topics has been provided. There is an annual education and training schedule being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural awareness training, informed consent, pain management, complaints management and communication and management of the deteriorating adult. Cultural safety and awareness training occurred twice in 2022. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Te Whatu Ora New Zealand- Taranaki. The previous audit shortfall (NZS HDSS:2008 # 1.2.7.5) around implementation of the training schedule has been addressed.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The learning platform and expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff interviewed describe how they are supported to learn te reo.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-</p>
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		<p>four healthcare assistants are employed. Two HCAs have achieved level two and fifteen HCAs have achieved a level three NZQA qualification or higher. Staff are supported by a Careerforce assessor to complete their qualifications.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A selection of HCAs completed medication administration competencies that include second checker competency, oxygen administrator via a concentrator, and insulin competency. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver, and interRAI assessment competency.</p> <p>Two of five RNs are interRAI trained. Training and competence are provided to staff to ensure health and safety in the workplace, including manual handling; hoist training; chemical safety; emergency management including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting.</p> <p>A registered nurse residential care study days are facilitated through Te Whatu Ora New Zealand- Taranaki twice a year in order to strengthen and support the clinical managers, facility managers and RNs. The training sessions were attended by RNs in 2022.</p> <p>Registered nurses are encouraged to attend in-service training and have completed sessions on recognising deterioration in the adult, sepsis, delirium and dementia related training, Covid-19 preparedness; wound management; pain management; communication and complaints management, medication management, including administration of oxygen; and training related to specific conditions and medications.</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</p>	<p>FA</p>	<p>There are comprehensive human resource policies, including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes</p>

<p>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>outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed (two RNs, two HCAs and one kitchen team leader) included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data.</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</p>	<p>FA</p>	<p>Marinoto Rest Home entry and consumer rights policy provide guidelines for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members with Māori whakapapa at the time of the audit. Ethnicity, including Māori, is being collected and the service is actively working to ensure routine analysis to show entry and decline rates.</p> <p>The service works in partnership with local Māori communities and organisations to benefit Māori individuals and whānau. The facility</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, can be consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, including three rest home residents and two hospital level residents (including one on a palliative care contract). All residents have admission assessment information collected and an interim plan completed at time of admission.</p> <p>All resident files had an interRAI assessment completed. Assessments formed the basis of the care plans and addressed any triggers, clinical assessment protocols (CAPs), and scores from the interRAI. All files reviewed had the information, assessments and initial care plans collected within 24 hours of admission.</p> <p>The nurse practitioner (NP) or general practitioner (GP) completed the residents' medical admission within the required timeframes and conducts medical reviews promptly. The NP interviewed expressed concerns around the RN shortage but agreed the residents and family/whānau are satisfied with the care provided. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team.</p> <p>Residents and family/whānau confirmed they are involved in care planning and setting goals. Care plans reviewed evidence comprehensive interventions to guide staff in the care of the residents. The residents on palliative care had a care plan in place to manage and control symptoms. Hospice clinical nurse specialists support the resident, and the end-of-life journey includes implementation of Te Ara Whakapiri. The Māori health care plan is in place for Māori residents and reflects the partnership and support of residents, family/whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan.</p> <p>Healthcare assistants interviewed confirmed they read the care plans.</p>

	<p>Person centred care plans were reviewed following interRAI reassessments. The care plans identify resident-focused goals. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. Evaluation of care plans occurred within the required timeframes.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Family/whānau communication are recorded in progress notes or the family/whānau contact form. The previous audit shortfall (NZS HDSS:2008 # 1.3.5.3) related to family/whānau input into care planning has been addressed.</p> <p>A handover observed provided evidence that sufficient and appropriate information is shared between the staff. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Registered nurses complete and document a registered nurse weekly review for rest home residents and daily RN progress notes for hospital level residents.</p> <p>There were six unresolved wounds at the time of the audit. There were no pressure injuries at the time of the audit. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs.</p> <p>Short-term care plans were developed for short-term problems, or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition</p>
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		<p>did not resolve in three weeks. Any change in condition is reported to a registered nurse and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and family/whānau.</p> <p>Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls with or without head injuries. Event forms reviewed evidence family/whānau are notified following incidents. The previous audit shortfall (NZS HDSS:2008 # 1.3.6.1) related to completion of monitoring forms has been addressed.</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>The activities programme is conducted by an activity coordinator over five days a week. The activities coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. This included visits and activities held in conjunction with the local Marae. Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated. Residents and family/whānau interviewed felt supported in accessing community activities, such as celebrating national events. Matariki, Waitangi Day, Anzac holidays, and Māori language week is celebrated. Other activities included poi making and harakeke crafts. Karakia in meetings, promotion of te reo and celebratory meals are included in day-to-day operations of the facility. The planned activities</p>

		<p>and community connections are suitable for the residents. Van trips are conducted twice a week, utilising a community minibus.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (electronic system) is in use. This is used for medication prescribing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP or NP have completed three-monthly medication reviews on all required medication charts.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all photos on medication charts were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Outcomes of PRN medication have been documented in the progress notes and electronic management system and evidence of this was sighted. Eye drops were dated on opening. The previous audit shortfall (NZS HDSS:2008 # 1.3.12.1) related to completion of monitoring forms has been addressed.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents forms were completed in the event of a medication error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p>



		<p>A medication round was observed and the IQN was observed to administer medications safely and correctly. Medications were stored safely and securely in the trolleys and locked treatment rooms.</p> <p>There were no residents self-administering medications, no standing orders in use, and no vaccines kept on site. Any over-the-counter medication and supplements are considered by the service to be part of the residents' medications and are charted appropriately. The medication policy clearly describes the safe process for self-administration.</p> <p>The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the registered nurses.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu is distributed to the residents weekly, allowing a choice of meals. The kitchen lead consults directly with residents to gain feedback of the food services and adjusts the menu if there are any special requests. The kitchen lead advised that as part of cultural celebrations such as Matariki, there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Food safety training completed by kitchen staff includes cultural concepts such as tapu and noa. The kitchen lead described how they provide menu options culturally specific to te ao Māori.</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.</p>	FA	<p>There is a transfer and discharge of resident policy that includes a communication pathway to ensure planned, informed and coordinated transfers. A standard transfer notification form from Te Whatu Ora New Zealand – Taranaki is utilised when residents are required to be transferred to the public hospital or another service. Residents and their family/whānau were involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p> <p>Interviews with the facility manager and registered nurse and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness which expires on 8 April 2023. There is a planned and reactive maintenance programme in place. All equipment is maintained, serviced and safe, and the environment is inclusive of peoples' cultures and supports cultural practices (as observed during audit).</p> <p>The facility was in the process of fully refurbishing the kitchen. The Inglewood Welfare Society committee chairman interviewed advised future developments will include consultation with local iwi to ensure they reflect aspirations and identity of Māori. The kitchen refurbishment included consultation with residents and family/whānau.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 18 November 2019. Fire evacuation drills are held six-monthly (last occurred on 13 December 2022).</p> <p>The building is secure after hours and staff complete security checks at night. Visitors and contractors are identified through a sign in process.</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>FA</p>	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. There is a full suite of documents that guide staff practice. All related infection prevention policies are developed by an external consultant. The facility reviewed their</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>infection prevention programme for 2021 and 2022. The previous audit shortfall (NZS HDSS:2008 # 3.1.3) related to the review of the infection prevention programme has been addressed.</p> <p>Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. The facility manager reported that the GP or NP is informed on time when a resident has an infection and appropriate antibiotics have been prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced. Surveillance data includes ethnicity data.</p> <p>There have been two Covid-19 outbreaks (May 2022 and September 2022) since the previous audit. This was managed effectively with support and advice from Te Whatu Ora New Zealand-Taranaki and Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>Marinoto Rest Home is currently restraint free. The restraint policy identifies the organisations' commitment to minimising restraint use.</p>

<p>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>Restraint is benchmarked and links to operational goals.</p> <p>The restraint approval process is described in the restraint policy and procedures and provides guidance on the safe use of restraints. The restraint coordinator is the facility manager (in the absence of a clinical manager), who provides support and oversight to maintain restraint free. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly, that supports the ongoing safety of residents and staff. A review of the records related to restraint should this be needed included assessment, consent, monitoring, and evaluation documentation.</p> <p>Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in management of challenging behaviour and restraint minimisation. Staff completed restraint competencies. Review of restraint use is discussed at staff meetings.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA</p> <p>Moderate</p>	<p>The Ministry requested internal reporting and adverse event management audit feedback under this criterion (letter dated 1 November 2022) following a HDC complaint in May 2020.</p> <p>There is a documented adverse event management policy. Records of adverse events are managed online. There were eighteen adverse events recorded for January and February 2023. There are immediate interventions recorded for each adverse events and include comprehensive monitoring of neurological observations for all unwitnessed falls. All adverse events had been appropriately escalated to the registered nurses for follow up. Adverse event documentation reviewed the next of kin or EPOA was notified in a timely manner.</p> <p>The adverse event management policy states 'The clinical Co-ordinator or Facility Clinical Manager must document follow up of the</p>	<p>(i)There were no recorded investigations on the adverse event form to prevent future risks related to three of five unwitnessed falls.</p> <p>(ii)The adverse event forms are not always signed off in a timely manner by the clinical manager or facility manager.</p>	<p>Ensure each reported adverse event evidence a completed investigation, and (ii) ensure each reported adverse event is reviewed and signed off in a timely manner by the clinical manager/facility manager.</p> <p>60 days</p>

		<p>adverse events, including any treatment provided and preventative measures to be implemented, sign-off and date the Adverse Event form.</p> <p>Each adverse event reviewed has been reported through the progress notes with RN follow up; however, three of five adverse events forms related to unwitnessed falls warranted further investigation; however, this has not been completed. A corrective action was implemented on the day of the audit.</p> <p>The adverse event forms are not always signed off in a timely manner by the clinical manager or facility manager; fourteen adverse event forms were still open. The majority of the adverse events were a month overdue. The facility manager receives follow up alerts from the external consultant when adverse event sign off is overdue. The facility manager stated that it is the clinical manager or facility manager's responsibility to close off the adverse events. The facility manager stated they review the documentation to complete monthly summaries on adverse events; however, with the absence of a clinical manager and RN shortage on some night and afternoon shifts, there was an oversight of completion of documentation.</p> <p>Adverse events are collated monthly by the facility manager (in absence of a clinical manager) and data is analysed for trends. Summaries are documented monthly and discussed at staff and clinical governance/quality improvement meetings.</p> <p>An internal audit schedule is implemented. Internal audit schedule reviewed evidence clinical documentation is reviewed six-monthly. The last audit completed on October 2022</p>		
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		evidenced full compliance with no corrective actions required related to adverse event reporting.		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. The roster continues to evidence insufficient RN cover, with no RN on approximately three to seven shifts across morning and afternoon shifts. In the absence of an RN, a IQN that is medication competent is rostered to provide cover. The facility manager provides syringe driver support when there is no RN on afternoon and night shift. There were no residents requiring a syringe driver. The service have appointed one RN and a clinical leader/ RN who are due to start employment.</p> <p>The facility manager is on call 24/7. Interviews with staff confirmed that their workload is overall manageable, and that the facility manager is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. There are sufficient number of staff with first aid certificates to cover the roster.</p>	<p>There is not sufficient RN coverage on the roster to meet the requirements of the ARRC D17.4.a. i.</p>	<p>Ensure there is sufficient coverage of RN shifts to meet the requirements of the ARRC D17.4.a. i.</p> <p>60 days</p>

## 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.

No data to display
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End of the report.