

Karaka Court Limited - Woodlands of Feilding

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Karaka Court Limited
Premises audited:	Woodlands Of Feilding
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 April 2023 End date: 14 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	69

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Woodlands Of Feilding is certified to provide hospital (medial and geriatric), and rest home levels of care for up to 80 residents. There were 69 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

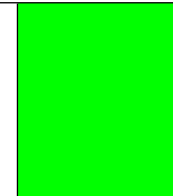
The service is managed by a clinical facility manager, who is supported by the administration manager, and village manager. There are quality systems and processes available. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

The areas for improvement identified at the previous audit in relation to staff training, risk management, and service provision requirements have been satisfied. The area for improvement related to care plan interventions remains.

This audit identified improvements required related to neurological observations, the quality system, and medication management.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

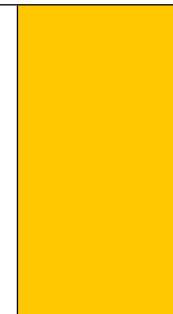
A Māori health plan is in place for the organisation and a Pacific health plan is being developed. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The management are 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 (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

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.

The governance body is working towards ensuring equity through addressing barriers in service delivery and has incorporated this into their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has quality and risk management systems in place that take a risk-based approach, designed to meet the needs of residents and staff. Internal audits, meetings and education occur as planned. Staff are competent to provide and deliver high quality healthcare for Māori with corrective actions as indicated.

There is a staffing and rostering policy and the service invest in opportunities to develop their staff. Staff receive adequate orientation to their specific roles.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

An activities programme is implemented that meets the needs of the residents. Residents are encouraged to participate in te ao Māori.

Food preferences and dietary requirements of residents are identified at admission and the kitchen staff provided meals that support cultural values and beliefs.

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

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

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. There is a maintenance programme in place that includes monitoring of hot water temperatures.

There is an approved evacuation scheme. Staff complete six-monthly fire drills. Security checks are performed at night by staff.

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.

Infection control policies include a pandemic plan. There are sufficient quantities of personal protective equipment available. Staff receive education related to the implementation of their policies and pandemic plan.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Pandemic response plans (including Covid-19) are in place and the service has access to personal protective equipment supplies. There have been three outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical nurse manager. There were residents using restraints. The policy encourages a restraint-free environment. Restraint management is included as part of the education and training plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	3	0	0
Criteria	0	52	0	1	5	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi in the facility business plan. The recruitment policy includes provision of an equitable recruitment process. The clinical facility manager and administration manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit, including members of management.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable	Not Applicable	The service plans to partner with a Pacific organisation (or leader who identifies as Pasifika) to guide them with developing their Pacific health plan. The service has policies in place that ensure culturally safe care is delivered. At the time of the audit, there were no residents who identified as Pasifika.

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Residents receive information on the Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and whānau in determining their own health goals. The team at Woodlands of Feilding regularly review their policies and service delivery to ensure inclusiveness, and that they take account of residents' voices, perceptions, understandings, and experiences.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>Interviews with eight staff members (four caregivers, one registered nurse, one activities coordinator, one cook and one cleaner), the village manager, clinical facility manager, and administration manager interviewed confirmed their understanding of tikanga best practice, with examples provided.</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</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the</p>

<p>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>		<p>elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. Care plans contained appropriate sections to capture cultural information specific to Māori, should the resident wish it, with related policy referencing the four cornerstones of Te Whare Tapa Whā.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The health and disability advocacy information, complaints management process and the Code of Rights are available in te reo Māori. The management team interviewed stated they have a good understanding of including residents and family/whānau in decision making. This was confirmed in interviews with four rest home residents, three hospital residents, and four family members (three rest home, one hospital).</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</p>	FA	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The clinical facility manager maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures.</p> <p>There have been two complaints in 2021 since the previous certification audit in July 2021, three in 2022, and two in 2023 year to</p>

<p>in a manner that leads to quality improvement.</p>		<p>date. No trends were identified, and all internal complaints were of a minor nature and had been resolved, with details of acknowledgement and investigation on file. There have been two external complaints; one via HDC in 2021 relating to a resident being transferred to a higher level of care, and one via Te Whatu Ora in March 2023. The service has responded to both of these complaints fully and are awaiting responses and resolution. No follow up has been requested and no issues related to these complaints have been identified as part of this audit.</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Woodlands of Feilding is an aged care facility located in Feilding, Manawatu. Woodlands of Feilding provides care for up to 80 residents at rest home and hospital (geriatric and medical) levels of care. All beds are designated as dual purpose; however, the service has chosen to split the facility into a rest home and hospital of 40 beds each, to better manage staffing currently. On the day of the audit there were 69 residents. There were 43 rest home level residents, and 26 hospital level residents. All residents were under the aged related residential care (ARRC) agreement.</p> <p>Woodlands of Feilding is the trading name of Karaka Court Limited - a privately owned company with two directors. There is a clinical facility manager (registered nurse), supported by an administration manager, and village manager (both non-clinical).</p> <p>The clinical facility manager meets weekly with the owner/director to facilitate the link between management and governance. The 2022 business plan has been reviewed and the 2023 plan is documented.</p>

		<p>A mission, philosophy and objectives are documented for the service. The weekly meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The management team and directors analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities.</p> <p>The directors and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data related to infections, incidents and wounds are collected, analysed, and discussed at staff meetings; however, no data relating to restraint use is included at the meetings.</p> <p>Resident/family satisfaction are completed annually. The surveys completed in 2021 and 2022 reflect high levels of satisfaction with the service.</p> <p>Policies and procedures are held in hard copy, and staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Each incident/accident is documented in hard copy. Accident/incident forms reviewed for March 2023 indicated that the forms are completed in full, and signed off by the clinical facility manager. Incident and accident data is collated monthly and reported in the staff meetings.</p> <p>Health and safety meetings occur as part of the integrated</p>

		<p>staff/quality meetings. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. Policies reference current health and safety legislation. Oxygen was stored securely, and appropriate signage was displayed. The previous shortfall (HDSS:2008 # 1.2.3.9) has been addressed.</p> <p>Discussions with the clinical facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT of pressure injuries; an absconding resident; three outbreaks; and a change in management. There had been three outbreaks documented since the last audit (RSV 2021, Norovirus and Covid-19 2022). These were appropriately notified, managed, reported to Public Health and staff were debriefed after the event to discuss lessons learned.</p> <p>The service improves health equity through critical analysis of the organisation's practices through internal benchmarking and an ongoing review process of their mission, philosophy, and annual business planning. The service has provided training, health literature resources, and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</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>	FA	<p>There is a staffing policy that describes rostering required skill mix and changes required to respond to increase or change in acuity of the residents.</p> <p>The clinical facility manager, a selection of caregivers and the activities team hold current first aid certificates. There is a registered nurse and at least one first aid trained staff member on duty 24/7. The clinical facility manager and administration manager are available to staff for advice after hours. Interviews with caregivers and the registered nurses confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been</p>

		<p>fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Resident moving and handling is part of the mandatory two-yearly training plan and was last carried out July 2021, and is scheduled again this year. This is an improvement on the previous audit, and the partial attainment identified at the certification audit in July 2021 (HDSS:2008 #1.2.7.5) has been satisfied. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification with 12 of 27 caregivers having achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to completed competency assessments as part of their orientation. All caregivers are required to complete annual competencies for: restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration (if medication competent); moving and handling; and cultural safety. A record of completion is maintained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practising certificates for the registered nurses. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then</p>

		as part of the ongoing education plan. The service demonstrates that the orientation programmes support all staff to provide a culturally safe environment to Māori. All staff information is held securely, and the service collects ethnicity data for employees and maintains an employee ethnicity database.
<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>There are policies documented to guide management around admission and declining processes including required documentation. The clinical nurse manager advised they keep records of how many prospective residents and families/whānau have viewed the facility and advised they are working on a method of collecting ethnicity on residents who are declined entry.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were Māori residents and staff members at the time of audit. Woodlands of Fielding engages with Māori organisations in order to continue development of meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Staff who identify as Māori provide support for residents and whānau where 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>	PA Moderate	<p>Six resident files were reviewed (three at hospital level and three rest home). The registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Resident files are paper based and integrated in one file. There is a suite of assessment tools for RNs to utilise. Initial assessments and care plans have been completed on admission for all residents. Additional risk assessment tools include continence, behaviour, and wound assessments as applicable. Initial interRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments are reflected in the care plan. Long-term care plans have been developed for all residents; however, some care plans did not contain sufficient and resident specific interventions regarding weight loss, behaviour management, urinary tract infections and restraint management; the previous shortfall</p>

		<p>(HDSS:2009 #1.3.5.2) remains ongoing. Care plan evaluations reviewed have been routinely completed at least six-monthly and identified if the resident goals had been met or unmet; however, not all care plans had been updated with changes in health condition in line with evaluations. Short-term care plans were utilised for issues such as infections and wounds.</p> <p>The nurses interviewed describe supporting Māori residents and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. Residents have the choice to remain with their own GP. There are two contracted GPs who provide medical services to most of the residents. The GPs visit up to three times a week and complete three-monthly reviews, admissions and see all residents who require medical review. The GP services also provides out of hours cover. The GP (interviewed) was complimentary regarding the standard of care, and that the RN was knowledgeable and reports resident's health changes in a timely manner. The GPs document their medical notes, and a record is saved in the integrated resident file.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is available as needed. A podiatrist visits regularly and a dietitian, older persons mental health team, wound care and hospice specialist nurse are available as required.</p> <p>Residents interviewed reported their needs were being met.</p> <p>On observation of a handover, information was comprehensively communicated including monitoring requirements and changes in care. Caregivers interviewed were knowledgeable about the cares required for individual residents. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. The previous finding related to progress notes (HDSS:2008 # 1.3.3.4) has been satisfied.</p> <p>A wound register is maintained. The service has access to the local wound nurse specialist from Te Whatu Ora Mid-Central region, as</p>
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		<p>evidenced in the clinical records. The registered nurse interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. On the days of audit, there were seven wounds being managed (including two stage I pressure injuries). Wound assessments, wound management plans and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan.</p> <p>Caregivers and RNs complete monitoring charts, including (but not limited to): bowel monitoring; vital signs; weight; and turning charts. Incident reports were completed for accidents and incidents that occurred. Although incidents were investigated and signed off in a timely manner, seven of seven incidents for unwitnessed falls or where there is head injury, did not have evidence of neurological observations being completed.</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 service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into the activities and culturally focused food related activities as applicable. Residents who identify as Māori assist the team and other residents with understanding of te ao Māori.</p> <p>Community visitors include entertainers, church services and pet therapy visits. The service also works with representatives from the local communities who visit and talk with residents individually. Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available. A monthly calendar of activities is available for residents.</p> <p>Residents and families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</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>	PA Moderate	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual</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>basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. The service currently uses robotics for regular medication and blister packs for short course and 'as required' medications.</p> <p>Medications are supplied to the service from a contracted pharmacy and are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored. All medications sighted were within current use by dates. All eyedrops have been dated on opening. Weekly stocktakes for controlled medications were not consistently done by staff. The medication fridge and medication room temperatures are monitored, and the temperatures were within acceptable ranges.</p> <p>Controlled medications are stored safely in the medication room and the medications are logged into the controlled drug register on receipt from the pharmacy by RNs and medication competent caregivers. The pharmacist undertakes quantity stocktakes six-monthly with the last one completed 12 January 2023. There are policies and procedures requiring weekly stocktake of controlled drugs to be completed by the RNs and medication competent caregivers; however, four weeks out of a six-week period had no evidence of weekly controlled drug stocktake being completed.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification. All over the counter vitamins, supplements and alternative therapies residents choose to use, are reviewed, and prescribed by the GP. Allergies and sensitivities were not consistently identified on the medication charts.</p> <p>There was one resident self-administering medications; however, the competency for self-administration is not current. No standing orders are in use at the service and no vaccines are kept on site.</p>
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		<p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The clinical nurse manager described working in partnership with the Māori residents to ensure the appropriate support is in place for their relatives, advice is timely, easily accessed and treatment is prioritised to achieve better health outcomes.</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 cook oversees the on-site kitchen, and all cooking is undertaken on site. The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The kitchen staff are familiar with Māori and cultural preferences and has provided culturally specific menu options where required.</p> <p>The kitchen staff support the activities team to provide cooking events for birthdays and special occasions such as Matariki, Christmas and ANZAC.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. The clinical nurse manager explained the transfer between services includes a comprehensive verbal handover and completion of specific transfer documents.</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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose throughout the facility and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 9 January 2024. There is a full-time maintenance</p>

<p>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>person employed to address the planned and reactive maintenance programme. Essential contractors such as plumbers and electricians are available as required. All medical and electrical equipment was recently tested and tagged. Hot water temperatures are monitored and managed within the acceptable limits.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. Labels for communal spaces are written in both English and te reo Māori.</p> <p>The service is not currently engaged in construction or improvements to building. Management is aware of their obligation to consult with Māori, should this be planned in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>There is CCTV within the service communal areas, outdoors and hallways that is functional. The building is secure after hours and staff complete security checks at night.</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 service has an infection prevention and control manual and a pandemic plan which includes a Covid-19 response plan, that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly. The service provides te reo information around infection control for Māori residents. The organisation's policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Ti Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection control.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings.</p> <p>There have been three outbreaks since the previous audit, (RSV September 2021, Norovirus June 2022, and Covid-19 in July 2022). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families/whānau were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service has policies and procedures to ensure that restraint is a last resort and application must be done in partnership with families/whānau, with the choice of device being the least restrictive possible. The policy demonstrates commitment of the service to being restraint free; however, there is no data or discussion related to restraint use, minimisation, or elimination discussed with staff at meetings (link 2.2.2).</p> <p>When restraint is considered, Woodlands of Fielding work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse (clinical nurse manager). At the time of the audit, there were 26 bedrail restraints in use (eight rest home, eighteen hospital). There is a restraint record in the rest home and hospital restraint folders that captures the name of the residents, type of restraint, date commenced, and date discontinued. Restraint reviews are completed six-monthly. The restraint coordinator interviewed</p>

		discussed that staff are aware of residents who use restraints through handover. Restraint minimisation and restraint management training is included as part of the mandatory training plan and orientation programme. The directors were aware of the number of restraints.
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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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Moderate	The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data; however, no data or discussion related to restraint use is discussed at staff meetings.	There are 26 restraints in use (bed rails); 18 hospital level, and 8 rest home. No data or discussion related to restraint use, minimisation, or elimination is discussed with staff at meetings. Four caregivers interviewed confirmed they received no information, or had discussions related to restraint use at the staff meetings.	<p>Ensure the quality and risk management system (relating to restraint) involves, and fully informs staff.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p>	PA Moderate	All residents have a care plan in place which has been documented by an RN in partnership with residents and families/whānau. The care plans are holistic and align with the model of	i). Long-term care plan interventions had not been updated following a significant change in one hospital level resident's care needs.	i).- iv). Ensure care plans are individualised, reflect accurately the residents' needs, and

<p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>care. All cultural preferences are documented in the assessments and are included in the long-term care plans. There are comprehensive policies in place related to assessment and support planning; however, not all care plan interventions included sufficient resident specific interventions to provide guidance to care staff for delivery of care services, and not all care plan interventions were updated following a change in health status. This is an ongoing shortfall.</p>	<p>ii). Two hospital level residents with unintentional weight loss did not have interventions documented around weight loss management.</p> <p>iii). One rest home level resident did not have care plan interventions documented for management of a urinary tract infection.</p> <p>iii). One rest home level resident did not have sufficient interventions documented around restraint use.</p> <p>iv) Personalised interventions was lacking around strategies for managing challenging behaviour for one hospital level resident.</p>	<p>interventions provide adequate guidance for caregivers.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	<p>PA</p> <p>Moderate</p>	<p>There are a suite of monitoring charts available for staff to utilise. Overall, monitoring charts have been completed according to policy. Monitoring charts</p>	<p>Seven of seven unwitnessed falls had no neurological observations commenced.</p>	<p>Ensure all neurological observations following unwitnessed falls, or head injuries are</p>

<p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>are checked by the RNs regularly. Incident reports have been completed as required; however, neurological observations were not evidenced as being completed according to policy for all unwitnessed falls.</p>		<p>carried out as per policy requirements.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There are medication policies documented which are in line with current legislation and best practice requirements. All medications are stored securely. Medication charts reviewed evidenced prescribing, and administration of medications was compliant, and the signing sheets identified medications were administered. All 'as required' drugs included indications for use and were administered appropriately with the reason for administration and efficacy documented. All controlled drugs were storied appropriately. The controlled drug register evidenced medications</p>	<p>Four weeks out of a six-week period had no evidence of weekly controlled drug stocktake being done.</p>	<p>Ensure that weekly stocktake of controlled drugs is completed according to policy and regulations.</p> <p>60 days</p>

		were checked, administered, and signed by two medication competent staff; however, weekly physical stocktakes of controlled drugs are not occurring as required by policy and regulations.		
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medication-related allergies or sensitivities and respond appropriately to adverse events.</p>	PA Low	There is a policy and process on safe medicine management including documentation of allergies and sensitivities; however, these were not consistently documented on the medication charts.	Four of twelve medication charts did not have allergies and sensitivities documented as per policy.	<p>Ensure resident's allergies and sensitivities are documented on medication charts.</p> <p>90 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Moderate	There is a policy for self-administration of medications; however, resident competency assessment is not consistently monitored.	One resident self-administering medications did not have a current self-administration competency.	<p>Ensure current competency is completed and in place for residents who self-administer medications.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.