

Adriel Rest Home Limited - Adriel Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Adriel Rest Home Limited
Premises audited:	Adriel Resthome
Services audited:	Dementia care
Dates of audit:	Start date: 22 June 2023 End date: 22 June 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:	33

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

Adriel Rest Home Limited is an independent rest home certified to provide dementia care for up to 42 residents. Since the last audit the clinical nurse manager has resigned and the facility manager, who is a registered nurse, is filling both roles until a replacement can be found.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, meeting minutes and reports, observations, and interviews with residents, family/whānau members, the facility manager, staff, and a general practitioner.

There were no areas identified as requiring improvement at the last certification audit. Nine criteria of the standard were identified as requiring improvement during this surveillance audit which was the facility's first audit against the revised standard. These related to the preparedness of the facility to deliver health care to Māori, staff training and education, confirmation of health professionals' qualifications, security and confidentiality of staff files, the identification of residents' strengths, goals and aspirations, recording of medication related allergies and sensitivities, the use of medication standing orders, the availability of personal protective equipment (PPE), and the need to include ethnicity data in the infection surveillance programme.

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.

Adriel Rest Home works collaboratively to support and encourage a Māori world view of health in service delivery. There were no residents who identify as Māori at the time of audit; staff described how they would provide Māori with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

There were no Pacific residents at the time of audit; staff described how they would be provided with services that recognise their worldviews and are culturally safe if there were residents in the future. A Pacific plan developed in consultation with Pacific communities is available.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy to understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Residents, whānau and supportive partners are informed about how to make a complaint both verbally and in writing. A concern and complaint management system is being implemented.

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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The owner of the Adriel Rest Home is also the facility manager/registered nurse and provides governance of the service. These responsibilities include reducing barriers to improve outcomes for Māori and people with disabilities and honouring Te Tiriti o Waitangi.

Quality and risk management systems are focused on improving service delivery and care. Families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practices. Programmes for ongoing staff education have been established to support equitable service delivery.

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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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

Adriel Rest Home works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

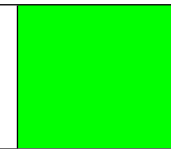
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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



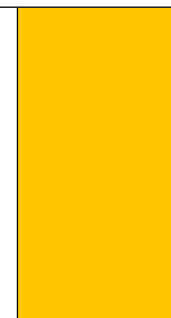
Subsections applicable to this service fully attained.

The facility provides a safe, well-maintained environment that includes culturally sensitive spaces for residents. A current building warrant of fitness is on display. Equipment safety and calibration checks are occurring.

A fire evacuation plan has been approved. Appropriate security systems are in place and staff and whānau understood emergency and security arrangements. Security is maintained within this secure rest home dementia service.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the infectious diseases outbreak response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

Here taratahi | Restraint and seclusion

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

Subsections
applicable to this
service fully attained.

The owner/facility manager/registered nurse is maintaining Adriel Rest Home as a restraint free environment. Service provider policies and procedures reflect the requirements of the standard and detail the role of the restraint coordinator.

Staff are provided with training about restraint use, least restrictive practices and 'how to dissolve difficult behaviours.'

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	13	0	4	3	0	0
Criteria	0	39	0	5	4	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not Applicable	<p>There are plans in place to work with local Māori in an attempt to increase the number of Māori staff working in this facility.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews</p>	FA	<p>The service provider has a Pacific plan and three associated educational videos that have been developed in partnership with Pacific communities. These are underpinned by Pacific voices and include Pacific models of care. The Adriel Rest Home facility manager/registered nurse informed that the videos have already been used for staff education and records sighted confirmed this. There were reports of how a former Pasifika resident had been well supported by Pasifika staff.</p>

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>Adriel Rest home recognises Māori mana motuhake. Staff interviewed understood that Māori residents and whānau had the right to self-determination. The recent move to an electronic system includes the provision of guidelines and resources to guide staff when working with Māori.</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>Te reo Māori and tikanga Māori are promoted within the service through policy. The service had started to introduce bilingual signage and key resident information such as the Code of Rights was displayed in te reo Māori. Tikanga guidelines have not yet been introduced to staff and tikanga was not yet actively promoted and incorporated into all activities; staff interviewed were not familiar with best practice guidelines for working with Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities, and ways to enable participation in te ao Māori are promoted and supported by the diversional therapy team and Māori staff. Residents and whānau, including those with age-related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are</p>	FA	<p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered. Those interviewed stated they had not encountered racism at Adriel Rest Home.</p> <p>Care provision is holistic, and policy describes the use of Te Whare</p>

safe and protected from abuse.		Tapa Whā to guide assessment and care planning. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met.
<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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they felt empowered to actively participate in decision-making. Nursing and supportive partners interviewed understood the principles and practice of informed consent and described involving residents and whānau in the discussion process. Cultural resources are available, and practice followed meets tikanga best practice in relation to consent. However, the service has yet to make best practice tikanga guidelines available to all staff (refer to criterion 1.4.4).</p> <p>Advance directives, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in Adriel Rest Home had a documented enduring power of attorney or welfare guardian on file that has been activated by an appropriate medical practitioner.</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>	FA	<p>Prospective residents and their whānau are provided with verbal and written information on how to make a complaint, both when they make an enquiry about the facility and on admission. A brochure on how to make a complaint was viewed in a sample information pack. Complaint forms are available at a desk near the front entry. The facility manager/registered nurse stated that concerns and complaints are welcomed and are considered as opportunities to make changes and increase service satisfaction. Staff receive education about the complaint process and those interviewed were aware of what to do should anyone make a complaint.</p> <p>The Code of Health and Disability Services Consumers' Rights is</p>

		<p>available in te reo Māori. During interview, the facility manager/registered nurse informed that if a Māori person was admitted, both whānau and the local marae would be asked to assist (as has previously occurred), which would facilitate access to the complaint process for Māori.</p> <p>A complaint that involved police, and another complaint received via Te Whatu Ora - Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha) were both resolved appropriately within short timeframes. There were no complaints open at the time of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The facility manager/registered nurse is also the owner of the Adriel Rest Home and operates as the governing body/person for the service. This person intends to complete planned upcoming training on Te Tiriti o Waitangi and health equity to complement already completed training on cultural safety.</p> <p>During interviews and review of monthly reports there were examples and descriptions provided on how Adriel Rest Home identifies and works to address barriers to equitable service delivery on a daily basis, especially for people with dementia. This reportedly includes operating in an advocacy role within wider health services. Similarly, implementation of the philosophy of the service is enabling outcomes to be improved and equity to be achieved for tāngata whaikaha. The service works alongside other agencies such as Blind Low Vision New Zealand and mental health services, for example, and in consultation with whānau ensures holistic services are provided according to individual needs.</p> <p>Adriel Rest Home is divided into two units on the one site, one of which is referred to as the Adriel Rest Home and the other (a newer unit) as Adriel House. The provider is contracted with Te Whatu Ora Waitaha to provide rest home dementia services under the Aged Related Residential Care Agreement (ARRC) for up to 42 residents. On the day of audit there were 14 residents of the 21 available beds</p>

		in the rest home wing and 19 of the 21 available beds in Adriel House. One of the beds in Adriel House is for respite care only but was not occupied on the day of audit.
<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>	PA Low	<p>The service provider has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, an annual whānau feedback survey, monitoring of outcomes, ongoing reviews of policies and procedures and reviews of clinical incidents including infections and falls. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated and an annual quality report (January to December 2022) was comprehensive and described areas of quality improvement. There is not currently a system in place to measure the level of health care for Māori, should a Māori person enter the service, and this requires improvement.</p> <p>Several months prior to the audit, the service provider commenced a contract with a quality consultancy to assist the team to more effectively meet the requirements of the Ngā Paerewa standard.</p> <p>A comprehensive risk management process is in place, ensuring the identification, documentation, monitoring, review and reporting of risks, including health and safety risks and potential inequities. Mitigation strategies are documented and reviewed accordingly.</p> <p>The facility manager/registered nurse understood and has complied with essential notification reporting requirements. These included changes of clinical manager and two incidents in which police were involved.</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</p>	PA Moderate	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Supportive partners reported there were adequate staff to complete the work</p>

<p>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 services.</p>		<p>allocated to them, although they often work additional shifts. A review of the rosters showed that although all shifts are being filled and there were no gaps that compromised resident safety, there were some staff undertaking longer and/or additional shifts and that the facility manager/registered nurse is frequently relieving. By the facility manager/registered nurse's own admission, and staff feedback, this is not sustainable. A corrective action was not raised as the roster showed a number of new staff are currently orientating and working alongside rostered staff, which will alleviate the pressures on staff. Also, applications from registered nurses are being processed, which should also provide the facility manager/registered nurse with some relief. At least one staff member on duty has a current first aid certificate and the medication competent person is identifiable on each shift.</p> <p>Continuing education that includes mandatory requirements is planned on an annual basis and the 2023 schedule was viewed. Related competencies that support equitable service delivery are required to be assessed according to a schedule. Training on Te Tiriti o Waitangi and on health equity has already been organised with an appropriate provider.</p> <p>Records of reviews of the staff competencies, staff attendance at education sessions, (including in relation to dementia care), and of participation in a New Zealand Qualification Authority education programme are incomplete. A corrective action has been raised as the provider could not demonstrate the requirements of the standard or of the provider's agreement with Te Whatu Ora Waitaha in relation to staff training are being met.</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>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, except for reviews of the registration and scope of practice of health professionals supporting residents at the Adriel Rest Home. This has been raised as an area requiring improvement, as has the need for confidentiality of staff records.</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.		Staff ethnicity data is recorded.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are admitted to Adriel Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service. Enquiries are documented and entry and decline rates are monitored. However, the service does not yet analyse entry and decline rates including for Māori.</p> <p>Adriel Rest Home has developed meaningful relationships with Tuahiwi Marae, which is home to Ngāi Tūāhuriri, to benefit Māori residents when they are admitted. No current residents identified as Māori but an example of how this relationship benefitted a past resident was discussed.</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 Low	<p>The registered nurse, supportive partners and general practitioner work in partnership with the resident and whānau to support wellbeing. A care plan is developed by the registered nurse following assessment, including consideration of the person's lived experience, cultural needs, values and beliefs.</p> <p>The interRAI assessment informs care planning. An initial care plan guides care on admission until the interRAI assessment is completed and a long-term care plan is developed. InterRAI assessments are completed within three weeks of admission and at a minimum of six monthly thereafter. Long-term care planning details strategies required to maintain and promote independence, and wellbeing. Care plans include interventions to manage behaviours that challenge. Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. However, resident's personal goals were not always identified and supports to</p>

		<p>meet these needs were not always documented. The registered nurse described occasions of wider service integration, but evidence of this occurring was not sighted in the files reviewed; refer criterion 3.2.3.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Short-term care plans are developed, if necessary, and examples were sighted for infections, and wounds. These are reviewed weekly or earlier if clinically indicated. Management of any specific medical conditions were documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, or new needs were identified, changes were made to the care plan.</p> <p>Nursing and medical review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensured they have access to information. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>A diversional therapist completes a resident profile on admission which identifies the resident's interests and cultural/spiritual values and beliefs. Supports to meet these needs were included in a diversional therapy plan. Resident involvement in the community was documented in the diversional therapy plan and is maintained through whānau visits, visiting entertainers and cultural or religious groups.</p>
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		The GP interviewed reported the care was of an acceptable standard and they were called when needed.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Two diversional therapists (DT) and two activities coordinators provide an activities programme that supports residents and was suitable for a dementia care setting. The facility has evidenced they meet the standards set by Dementia Care International and has maintained accreditation to the Spark of Life programme. This philosophy guides the activities programme with the formation of clubs suitable to the residents' ability level. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities through visiting entertainers and groups. Residents were observed to be involved in meaningful activities throughout the audit.</p> <p>The service has developed a meaningful relationship with Ngāi Tūāhuriri and Tuahiwi marae to enable residents to maintain connection with te ao Māori. There were no residents who identify as Māori at the time of audit, but staff described how these connections benefitted a recent resident, including visits to the marae.</p> <p>The DT described celebrations that had occurred on Waitangi Day and Matariki and resources to support these were sighted. Celebration included cooking of Māori bread, poi making and exercises and the inclusion of te reo Māori in games.</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</p>	PA Moderate	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. However, not all medication charts reviewed contained information on the presence, or not, of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.

<p>current legislative requirements and safe practice guidelines.</p>		<p>Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medicines were stored safely. Medicines were stored within the recommended temperature range, including those requiring refrigeration, and all medications were within current use-by dates.</p> <p>Individually prescribed controlled drugs were held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Standing orders were in use; however, processes related to documentation did not meet the required standard.</p> <p>No residents were self-administrating medication at the time of audit and the registered nurse stated this did not occur in the dementia unit.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The registered nurse discussed including whānau in education related to medications.</p> <p>Partnerships with local Māori have been developed through Tuahiwi marae to support Māori residents who wish to access traditional Māori medicines if requested</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>Not Applicable</p>	<p>The food service at Adriel Rest Home operates with an approved food safety plan. Food is in line with recognised nutritional guidelines for older people and the menu has been reviewed by a qualified dietitian.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Snacks and drinks are available 24 hours a day. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Cultural protocols around food are followed, including the laundering of kitchen and food-related items separately. There are not yet any food items on the menu culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by whānau and resident interviews.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident, EPOA and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified. Escorts are provided as needed.</p> <p>EPOA and whānau interviewed were very happy with communication and planning related to transfers. Documentation evidenced whānau being kept informed during the transfer of their relative.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, meet legislative requirements, and repairs are undertaken when required. Equipment is being maintained and calibration checks completed. The maintenance person actively engages the residents within their role. A current building warrant of fitness with an expiry date of 20 March 2024 is at the front entrance. A range of cultures are accounted for within the internal and external environments, with spaces for those who appreciate the rural environment and farming, animals, gardening, walking, music, quiet spaces, and kitchen activities. Whānau/visitors are also accounted for.</p> <p>The owner/facility manager/registered nurse expressed their awareness of the need to consult and co-design the environment to ensure new buildings reflect the aspirations and identity of Māori. There are no plans to build any new buildings on to the Adriel Rest Home.</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>The fire evacuation plan has been approved by the New Zealand Fire Service and was dated 18 February 2014.</p> <p>Appropriate security systems are in place and vary from window latches, sensor lighting, staff all carrying a phone and security cameras, for example. Reports of a fence height being raised and of one-on-one resident/staff support for security purposes were described. Adriel Rest Home is a secure facility as it provides dementia rest home services. Whānau are comfortable with current security arrangements.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	PA Moderate	<p>The registered nurse is responsible for overseeing and implementing the IP programme. A suite of policies has been developed by a contracted IP specialist. This includes an outbreak management plan</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>		<p>and a procedure for testing the plan. The plan was used during a recent COVID-19 outbreak and was found to be satisfactory.</p> <p>The facility has sufficient supplies of masks, gowns, gloves and aprons but does not have supplies of goggles or face shields which are required during the management of a COVID-19 outbreak. Staff interviewed reported goggles and face shields were not available during a recent outbreak.</p> <p>Educational resources in te reo Māori to support Māori residents and whānau are not yet available.</p> <p>The service does not have an infection prevention committee and is considering how to work in partnership with Māori to ensure culturally safe practice.</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>	PA Low	<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. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. This analysis and actions taken as a result, has resulted in a reduction in the incidence of infections at the facility. However, surveillance does not include the collection of ethnicity data. Results of the surveillance programme are shared with staff.</p> <p>There are clear processes for communication between service providers and residents. EPOA and whānau interviewed were happy with the communication from staff in relation to healthcare-acquired infections.</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>Adriel Rest Home has been restraint free for as long as long-serving staff could recall. The facility manager/registered nurse remains committed to maintaining a restraint-free environment in this service and described actions taken to prevent the need to resort to use of a restraint.</p> <p>Policies and procedures that cover all aspects of the restraint standards are available and would be instituted in the event a restraint was used. The facility manager/registered nurse has the role of restraint coordinator, which is defined in the policy documentation. A section of the monthly quality meeting minutes template covers any restraint use. Supportive partners have received training on restraint practices and least restrictive practices, which is also covered during new staff orientation. Due to several incidents involving resident aggression, earlier in 2023, the facility manager/registered nurse arranged for all staff to undertake the 'Spark of Life' training on how to dissolve difficult behaviours.</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)
Criterion 2.2.7 Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.	PA Low	The provider spoke of how a previous resident who identified as Māori had been successfully linked with the local marae, but there was no objective review process available to monitor such a process against. Ongoing quality reviews of care and support systems are occurring. Although there are not currently any residents who identify as Māori, there is also not currently a specific system or framework available that could be used to enable the provider to know if they have provided high quality health care for Māori, should a person who identifies as Māori be admitted to the service.	There is limited evidence to demonstrate supportive partners could deliver high quality healthcare for Māori.	A system is implemented that will enable the service to know that they have delivered high-quality health care for Māori. 180 days

<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>Staff training/internal education plans for both 2022 and 2023, which included mandatory training were viewed. The facility manager/registered nurse informed that COVID-19 outbreaks and periods of staff shortages had meant scheduled training had had to be cancelled. There were suggestions that the service provider is now back on track with some evidence of this available. However, at the time of audit, there were significant gaps in staff attendance records at education sessions, (including in relation to dementia care), and of participation in a New Zealand Qualification Authority education programme, as per contractual requirements. Also, reports of attendance at some of the more recent training that had been provided were not able to be substantiated in the staff records reviewed.</p>	<p>The staff training and education programme is not being maintained as per contractual requirements and attendance records available were incomplete.</p>	<p>The plan for ongoing education of health care and support workers is implemented and records of participation are available.</p> <p>90 days</p>
<p>Criterion 2.4.3</p> <p>Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.</p>	<p>PA Low</p>	<p>There are established systems in place within the service provider's internal audit processes to check the registration and scope of practice of registered health professionals who support residents at Adriel Rest Home on entry and on an annual basis thereafter. The facility manager/registered nurse noted that the impact of COVID-19,</p>	<p>The system to review the currency of professional registrations and scope of practice of health professionals has not been upheld.</p>	<p>There is evidence of current registration and scope of practice for professional health workers who provide services to residents at Adriel Rest Home.</p> <p>180 days</p>

		pressures on staff and the loss of the clinical manager has meant there had been insufficient time to complete all tasks. Records sighted showed that not all records of registered health professionals were current, and scope of practice was not available for all practitioners.		
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	PA Low	Staff files are held in an administration office in Adriel House, but not in a lockable drawer or cupboard. The office is accessible to all staff and other people who may have been provided with the key codes for the facility. This lack of security does not enable the staff information to be confidential.	Staff files are accessible to all staff/people who have been provided with the numerical codes of the door key pads throughout the facility. Confidentiality of the staff information is compromised.	<p>Staff files are held in a secure manner and only accessible to authorised personnel, to ensure confidentiality of staff information.</p> <p>180 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> <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</p>	PA Low	Informed consent underpins all care provided at Adriel Rest Home. InterRAI assessments and long-term care plans are completed by the registered nurse in collaboration with the resident and EPOA/whānau. Diversional therapy assessment included identification of personal interests, and cultural and spiritual values and beliefs. Expected outcomes are documented as part of the InterRAI care plan and the diversional therapy plan included generic goals	<p>Care planning is based on the assessed need of the residents. However, in five of five residents' files reviewed the resident's individual strengths, goals and aspirations were not identified and supports required to meet the resident's individual goals were not documented, this included goals for both physical and social/cultural/spiritual needs.</p> <p>There was no evidence of wider service integration in the files reviewed and referral to other health</p>	<p>Ensure all residents' personal strengths, goals and aspirations are identified in relation to physical needs, social/cultural needs and their values and beliefs.</p> <p>Ensure supports to meet the residents' individual goals and aspirations are documented in the care plan.</p> <p>Ensure there is referral to other health professionals to meet the needs of residents</p>

<p>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>for each resident.</p> <p>Five resident files were reviewed and care plans sighted included consideration of the resident's identified needs and detailed interventions to guide care staff. However, the individual resident's personal strengths, goals and aspirations and the supports required to achieve personal goals were not documented in five out of five files reviewed. This included personal goals documented in the diversional therapy plan related to the resident's identified values and beliefs, such as religious affiliation, as well as goals in the long-term care plan related to physical and medical needs.</p> <p>Wider service integration, including referral to other health professionals, was not evident in files reviewed for a resident with changing needs who would have benefited from the involvement of a palliative care specialist in wound care services which are available to the facility.</p>	<p>professionals had not occurred.</p>	<p>with complex or changing needs.</p> <p>180 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated</p>	<p>PA</p> <p>Moderate</p>	<p>Policy is in place to guide the recording of patient's medicine-related allergies and sensitivities. However, allergy information was inconsistently recorded, and six of</p>	<p>Information related to medication allergies and/or sensitivities was inconsistently recorded. Six of ten charts reviewed included no information on whether medication</p>	<p>Ensure the recording of medication related allergies and sensitivities is included on all medication charts.</p>

allergies or sensitivities and respond appropriately to adverse events.		ten medication charts reviewed did not contain information to indicate whether medication allergies or sensitivities were present.	allergies and/or sensitivities were present.	90 days
<p>Criterion 3.4.7</p> <p>Where standing orders are used, the relevant guidelines shall be consulted to guide practice.</p>	PA Moderate	<p>Standing orders are in place, signed by the GP and updated annually. The registered nurse described using the standing orders to authorise supportive partners to administer medications and this administration being documented in progress notes. The standing orders in place did not include all the elements required of a standing order as detailed in the Medicines (Standing Order) Regulations 2002. The standing orders did not indicate whether countersigning by the issuer of the standing order or audit of use was to occur and there was no process in place to ensure this occurred as required by the Medicines (Standing Order) Regulations 2002.</p>	<p>Standing orders in use do not meet the requirements of the Medicines (Standing Order) Regulations 2002.</p>	<p>Ensure that standing orders contain all the required elements of a standing order as required by the Medicines (Standing Order) Regulations 2002, including whether countersigning of the standing order or audit of use is to occur. That the use of standing orders is appropriately documented and when used they are countersigned or audited by the issuer of the standing order as required by regulations.</p> <p>90 days</p>
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal</p>	PA Moderate	<p>An outbreak management plan is in place which details the required PPE to be used when caring for residents in isolation. The facility has sufficient supplies of masks, gowns, gloves, and aprons but does not have supplies of goggles or face shields which are required to be used by staff when in direct</p>	<p>Not all PPE required for the management of COVID-19 was available at the facility to ensure the safety of staff. Staff did not have access to goggles or face shields as recommended, by the Ministry of Health, to be used by staff when in direct contact with residents confirmed to have a COVID-19</p>	<p>Ensure PPE, including goggles or face shields, is available to staff to ensure their safety.</p> <p>90 days</p>

protective equipment (PPE) available or readily accessible to support this plan if it is activated.		contact with residents who have a confirmed COVID-19 infection. Staff interviewed reported goggles and face shields were not available during a recent outbreak in May/June 2023.	infection.	
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Surveillance requirements are documented in policy. Standardised definitions are used, and monthly surveillance data is collated and analysed by the registered nurse to identify any trends, possible causative factors and required actions. However, surveillance does not include the collection of ethnicity data.</p>	Infection surveillance does not include ethnicity data.	<p>Ensure that ethnicity is collected as part of infection surveillance data.</p> <p>180 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.