

# Mission Residential Care Limited - Kemp Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

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| <b>Legal entity:</b>  | Mission Residential Care Limited   |
| <b>Premises audited:</b>  | Kemp Home and Hospital   |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 30 May 2023    End date: 31 May 2023   |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 50   |

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

| Indicator | Description   | Definition   |
|-----------|---|--|
|           | Includes commendable elements above the required levels of performance  | All subsections applicable to this service are fully attained with some subsections exceeded |
|           | No short falls  | Subsections applicable to this service are 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 are partially attained and of low risk           |

| Indicator | Description  | Definition  |
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|           | A number of shortfalls that require specific action to address                               | Some subsections applicable to this service are 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 are unattained and of moderate or high risk   |

## General overview of the audit

Kemp Home and Hospital is certified to provide hospital (geriatric and medical) and rest home levels of care for up to 61 residents. There were 50 residents at the time of the audit.

This unannounced surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora – Health New Zealand – Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The general manager residential services is responsible for the overarching operations of the Wellington City Mission's residential services. The nurse manager is responsible for the day-to-day operations and management of Kemp Home and Hospital. She is supported by a duty/team leader. The service has a stable workforce. Feedback from residents and families/whānau was positive about the care and the services provided.

This audit identified areas for improvement around care plans and controlled drugs.

## 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 are fully attained.

A culturally safe care policy is in place for the organisation. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori and Pacific health strategies by working to actively recruit and retain suitably qualified Māori and Pacific staff. 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.

Subsections applicable to this service are fully attained.

The governance body is working to ensure equity for all residents and is planning to address barriers in service delivery in their business plan. The service delivery supports diversity, and inclusion for all residents. A nurse manager is responsible for the day-to-day operations of Kemp Home and Hospital with the support from the duty/team leader and general manager residential services. The service has a quality and risk management system in place that takes a risk-based approach. Meetings and education are scheduled, with corrective actions in place. Staff are competent to provide and deliver high quality health care for Māori. Human resources are managed and a corrective action plan relating to staff appraisals has been implemented. A role

specific orientation programme is in place. There is a staffing and rostering policy documented. Care staff and residents reported that staffing levels are adequate to meet the needs of the residents.

## Ngā huarahi ki te ora | Pathways to wellbeing

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| 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 are partially attained and of medium or high risk and/or unattained and of low risk. |
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Registered nurses are responsible for care planning. Resident files reviewed evidenced resident and family/whānau input into decision making. Resident files included medical notes by the general practitioner and visiting allied health professionals. The activities team provides and implements a wide variety of activities, which includes cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community. Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent caregivers are responsible for administration of medicines. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Residents' food preferences, dietary and cultural requirements are identified on admission. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

## 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 are fully attained.

The building holds a current warrant of fitness. There is a maintenance programme in place that includes monitoring of hot water temperatures. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. There is an approved fire evacuation scheme. Fire drills occur six-monthly. The facility is secure after hours.

## 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 are fully attained.

Policies include a pandemic plan. There are sufficient supplies 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 collated and analysed for trends and the information used to identify opportunities for improvements. There have been three outbreaks reported since the previous audit.

## Here taratahi | Restraint and seclusion

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| 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 are fully attained. |
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There are policies documented around restraint. At the time of the audit the facility was restraint free. The restraint coordinator is the enrolled nurse/quality assurance coordinator. Maintaining a minimisation of restraint environment and managing distressed behaviour and associated risks is included as part of the mandatory training schedule and orientation programme.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection        | 0                           | 20                  | 0  | 1                                    | 1  | 0                                      | 0  |
| Criteria          | 0                           | 57                  | 0  | 1                                    | 1  | 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  |
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| Subsection 1.1: Pae ora healthy futures<br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>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 culturally safe care policy that describes Māori perspectives. The general manager residential services confirmed that the service supports a Māori workforce with a large proportion of staff identifying as Māori (or having whānau connections). At the time of the audit there were both staff and residents who identified as Māori. The onboarding process for new staff evidenced documentation of iwi affiliations. Kemp Home and Hospital evidences their commitment to ensure equal employment opportunities for Māori in their business plan. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.   | FA                | The service has connections with Pasifika organisations including Porirua Whānau Centre and Pasifika churches to provide guidance and consultation around Pacific models of care. At the time of the audit there were both staff and residents who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.   |



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| As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.  |    |   |
| <p>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 family/whānau in determining their own health goals. Kemp Home and Hospital regularly reviews their policies and service delivery to ensure inclusiveness, and to reflect 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 utilised in resident activities and everyday greetings. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori. This training last occurred in May 2023. Interviews with eleven staff members, including three registered nurses (RN), five caregivers, one enrolled nurse (EN)/quality assurance coordinator, one housekeeper and one cook 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 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 safe and protected from abuse.</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 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. A strengths-based and holistic model is</p>  |

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|  |    | prioritised to ensure wellbeing outcomes for Māori residents. Care plans contained appropriate cultural information specific to Māori and are supported by the culturally safe care policy.   |
| <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>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The cultural safety policy is available to guide on cultural responsiveness to Māori perspective of health. The health and disability advocacy information and the Code of Rights are available in te reo Māori. The registered nurses interviewed demonstrated a good understanding of informed consent processes. The nurse manager interviewed had a good understanding of the importance of face-to-face communication for Māori and including residents and family/whānau in decision making.</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>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The nurse manager maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have been four complaints since the previous certification audit in May 2021. Four complaints were made in 2022 and none have been received in 2023 year to date. There have been no external complaints.</p> <p>All complaints reviewed have been resolved with details of acknowledgement and investigation on file. 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.</p> |

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|  |    | Resident meetings are scheduled three monthly. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.   |
| <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>Kemp Home and Hospital is part of the Wellington City Mission faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 61 residents. There are 21 rest home beds (including five dual-purpose beds) and two hospital wings with 40 beds.</p> <p>At the time of the audit there were 50 residents in total: 17 rest home residents, including one resident on respite care and 33 hospital residents, including one resident on a younger persons with a disability (YPD) contract, one resident under the long-term support chronic health conditions (LTS-CHC) contract and one resident on respite care. All other residents were under the ARCC agreement.</p> <p>The general manager residential services is a RN with experience in aged care management and has been in the role more than 20 years. She reports to the Wellington City Missioner (CEO) and board. The Wellington City Missioner visits the facility fortnightly. The nurse manager has been with Kemp Home and Hospital for over 20 years and in the role of nurse manager for 18 years. The nurse manager has day to day oversight of both clinical and non-clinical services. She is supported by a duty/team leader who is second in charge to the nurse manager and has been with Kemp Home and Hospital for 18 years.</p> <p>The 2023 business plan and goals identify the Wellington City Mission philosophy of care and includes goals around future models of care, providing a home like and safe environment for residents and ensuring the facility is administered on business-like principles with effective communication between all stakeholders. Goals for 2023 include (i) continue to improve the physical environment; (ii) maintain quality assurance system; (iii) NZQA qualified caregivers to be at 80%; (iv) increase professional development for RNs and (v) expand cultural capability and capacity. The 2022 business plan and goals have been reviewed.</p> |

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|  |    | <p>The general manager residential services and nurse manager work with mana whenua (external contacts) in reviewing the Māori health plan, business planning and service development to improve outcomes, address barriers and achieve equity for Māori; and to identify and address barriers for tāngata whaikaha for equitable service delivery. The service has links with the local Ngāti Toa marae. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities.</p> <p>The Wellington City Mission board and management have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending similar training as Kemp Home and Hospital staff.</p> <p>The nurse manager has maintained at least eight hours annually of professional development related to managing a rest home and hospital, including interRAI management training, risk management and Covid updates.</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> | FA | <p>Kemp Home and Hospital (under the direction of the Wellington City Mission) implements a quality assurance system that was purchased from an external consultant. . Service meetings include two monthly quality, clinical, staff hui/meetings, and three-monthly residents' meeting. Regular agenda items include accidents/incidents data, infections, complaints, education/training, internal audit results, corrective actions, health and safety and restraint minimisation. Meeting minutes reflect quality results being discussed with staff. An internal audit programme is being implemented as per the audit schedule. Where internal audits reflect areas for improvement, a corrective action plan is generated and transferred to a corrective action register.</p> <p>Corrective actions that reflect improvements are either signed off when resolved or are signed off when the audit has been repeated and meets the acceptable target. A satisfaction survey is completed annually for both residents and relatives. The last satisfaction survey completed in November 2022 indicated that all respondents were happy with all aspects of the service being delivered. Policies and</p> |

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|  |    | <p>procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required. Ten resident incident forms reviewed for April and May 2023 indicated that the forms are completed in full, signed off by the nurse manager and contain documented opportunities to minimise risk.</p> <p>Incident and accident data is collated monthly and reported in all the service hui/meetings held. Health and safety meetings occur as part of the quality hui/meetings. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. 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. The service improves health equity through critical analysis of the organisation's practices, through benchmarking and an ongoing review process of their mission, philosophy, and annual business planning.</p> <p>Discussions with the nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Two section 31 notifications had been completed to notify HealthCERT of one pressure injury stage 3 and one resident wandering with police involvement in 2023. There has been three Covid-19 outbreaks documented since the last audit. These were appropriately notified, managed, and reported to Public Health.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | FA | <p>There is policy in place to determine staffing levels and skill mixes for safe service delivery. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is casual staff to cover unplanned absences. There is appropriate coverage for the effective delivery of care and support. There is a nurse manager and duty/team leader who both work 40 hours a week and share the on-call roster. The general manager residential services visits the facility in the morning on a daily basis. They are supported by long serving RNs and caregiving staff.</p> <p>Staff and residents are informed when there are changes to staffing</p>  |

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|   |    | <p>levels, and care requirements are attended to in a timely manner as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Five caregivers interviewed (three hospital and two rest home) stated the RNs are supportive and approachable. Interviews with residents and relatives indicated that overall there are sufficient staff to meet resident needs. There are separate laundry and cleaning staff.</p> <p>There is an annual education and training schedule which covers all mandatory training, as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 33 caregivers employed at Kemp Home and Hospital with two having achieved level four, thirteen have completed level three and five have completed level two NZQA qualification. All staff are required to complete competency assessments as part of their orientation.</p> <p>All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent), and moving and handling. A record of completion is maintained. Registered nurses are supported to maintain their professional competency. 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. There are nine RNs and two are interRAI trained.</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</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 evidenced recruitment processes are being implemented and includes reference checking, qualifications, and annual performance appraisals. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that</p>   |

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| <p>capability to deliver health care that meets the needs of Māori.<br/>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>   |        | <p>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 as part of the ongoing education plan. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. The service collects ethnicity data for employees and maintains an employee ethnicity database.</p>   |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA     | <p>There are comprehensive policies to guide staff around admission and declining processes including required documentation. Ethnicity records are collected and reported for all residents admitted to the service. The nurse manager advised they are aware and keep records of how many prospective residents and family/whānau have viewed the facility and 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 established relationships with Ngāti Toa Marae. These relationships provide access to kaumātua and elders and benefits Māori individuals and whānau. There were Māori residents and staff members at the time of audit.</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>Five resident files were reviewed (three hospital level and two rest home level files). The files reviewed included two respite (one hospital and one rest home level).</p> <p>The RNs are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in family/whānau contact records and progress notes.</p> <p>Initial assessments and interRAI assessments were viewed in resident files and had been completed within the required timeframes.</p>   |

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|  |  | <p>Risk assessments are conducted on admission relating to (but not limited to) falls, pressure injury, continence, nutrition, skin, cognition, and pain. Outcomes of the assessments formulate the basis of the long-term care plan. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Care plans have been developed within the required timelines. Overall care plans were holistic with interventions to guide staff on care delivery for the residents. However, some care plans did not contain sufficient interventions related to diabetes management, pressure injury management and increased needs that necessitated the hospital level care requirement.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. A Māori health care plan is available and used for those residents that identify as Māori. At the time of the audit there were residents who identified as Māori. The nurse manager interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence. The service has a process to support Māori residents and whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Short-term care plans were utilised for issues such as infections, weight loss, and wounds. These are either resolved or incorporated in the long-term care plan. Written evaluations reviewed identify if the resident's goals had been met or if further interventions and support are required. Long-term care plans had been updated with changes to health status.</p> <p>Medical services are provided by a general practitioner (GP) from a local medical practice, who visits at least three times a week and is available as required. The GP is on call after hours and on weekends for resident's medical needs. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP, interviewed on the day of audit, stated they were happy with the</p> |
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|  |  | <p>communication from the RNs and there was good use of allied health professionals in the care of residents. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans by the specialist services at Te Whatu Ora – Health New Zealand – Capital, Coast and Hutt Valley, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has a contracted physiotherapist who visits weekly and as required implementing daily exercise programmes, individual mobility improvement strategies for residents and staff training.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift. On observation of a handover on the day of the audit, information was comprehensively communicated verbally and included monitoring requirements and changes in care. caregivers document progress on each shift. The GP and allied health professionals document their reviews. There was evidence that RNs added to the progress notes when there was an incident and changes in health status of residents.</p> <p>When a resident's condition alters, the RN initiates a review with the GP. The progress notes and family/whānau records reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>There are seven residents with eleven wounds (reviewed across the service). This includes one resident with a grade three pressure injury. Section 31 notification and incident form were completed for the pressure injury. Assessments and wound management plans, including wound measurements, were reviewed. The wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound care nurse specialist. Caregivers and nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Residents interviewed reported their needs</p> |
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|  |    | <p>and expectations were being met.</p> <p>Care plans reflect health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; blood glucose levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a RN. Incidents were fully investigated or signed off in a timely manner.</p>  |
| <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>The service facilitates opportunities for Māori to participate in Te Ao Māori using Māori language cards, bilingual signage, and the use of te reo in everyday conversations. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There are activities for residents who want to relate to te ao Māori, and staff members work in ways that ensure the connection with the community is authentically maintained.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. Residents who do not participate regularly in group activities are visited one-on-one. Community visitors include entertainers, visiting animals, chaplains and ministers for pastoral care, church services visits (at least twice a week), children from local Kura (with kapa haka and Pasifika groups) and kaumātua groups. Kemp Home and Hospital has a relationship with Ngāti Toa Marae for access to elders and kaumātua who come and provide one on one and formal get togethers once a month with kai (food) and movies.</p> <p>Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available.</p> <p>Families/whānau and residents interviewed spoke positively of the activities programme with feedback and suggestions for activities made via surveys and resident meetings.</p> |

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| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>PA<br/>Moderate</p> | <p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely. Registered nurses and senior caregivers complete annual medication competencies and education. Registered nurses complete syringe driver training through the local hospice. Medications are supplied to the service from a contracted pharmacy and both regular and 'as required' medications are checked on delivery by an RN against the medication chart and any discrepancies are fed back to the supplying pharmacy. Controlled medications are stored safely in the medication rooms and the medications are logged into the controlled drug register on receipt from the pharmacy by two RNs and/or RN and medication competent caregiver. There are policies and procedures requiring weekly stocktake of controlled drugs; however, between January and May 2023 the stocktake in Charlotte unit was completed only four times in the fourteen-week period.</p> <p>There were no residents self-medicating at the time of the audit. There are policies and procedures in place should any resident wish to do this. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. The service uses paper-based medication charts and signing records. Ten medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the progress notes. Eye drops and creams in the trollies had dates on them of when they were opened. No vaccines are stored at the facility.</p> <p>There was documented evidence in the progress notes that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with all residents, including Māori residents, to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is</p> |
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|  |    | <p>prioritised to achieve better health outcomes. The facility uses standing order medications which were reviewed and updated by the GP in April 2023, with all processes in line with legislative requirements. There has not been any use of the standing order medications since the new order was put in place. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme. Medication audits are completed as per schedule.</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>There is a current food control plan expiring August 2023. The kitchen was observed to be clean and well organised. All meals are cooked on site by a full-time cook/household supervisor employed by the service who is supported by another part time cook and kitchen hands. The menu provides variety, with likes and dislikes catered for. A resident dietary profile is developed for each resident on admission which identifies dietary requirements, likes, dislikes and any cultural considerations; and this is provided to the kitchen and updated as the residents needs change. Special diets and likes and dislikes are noted on the kitchen whiteboard.</p> <p>The cultural safety policy in place includes cultural values, beliefs, and protocols around food. The cook/household supervisor (interviewed) stated they implement menu options for Māori residents with food provided for cultural themed days in line with the theme, including but not limited to, boil up for Māori language week and hangi. Nutritious snacks are available 24/7. Caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook/household supervisor and kitchen staff are trained in chemical safety and safe food handling.</p> <p>The cook/household supervisor consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests are required. The interviewed residents and whānau/family expressed satisfaction with the food portions and options.</p> |

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| <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 the resident and family/whānau to ensure continuity of care. The residents and their families/whānau were involved in all exits or discharges to and from the service. Discharge notes and summaries are saved in the resident file and plans of care integrated into the care plans. There is evidence of referrals for re-assessment from rest home to hospital and to dementia level of care.</p>   |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | FA | <p>The building has a current warrant of fitness that expires in October 2023. The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, the facility is open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</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 facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred in January 2023. Staff advised that they conduct security checks inside at night. Private security is contracted to provide internal and external night security surveillance of the facility. All visitors and contractors are required to sign in on entry to the facility.</p>  |

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| <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, which provides guidelines and communication pathways in the event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are isolation kits readily available and were seen in use on the day of the audits for residents who were in isolation. The facility has sufficient supplies of personal protective equipment. These are checked regularly. The service incorporates te reo information around infection control for Māori residents and staff. The service demonstrates and continues to access guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi via established external links. 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 infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at RN and quality/staff meetings. The service incorporates ethnicity data into surveillance methods and data captured around infections on the infection forms.</p> <p>There have been three Covid-19 related outbreaks since the previous audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included outbreak meetings 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> |

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| <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>Kemp Home and Hospital (under the direction of the Wellington City Mission) is committed to providing services to residents without use of restraint, as documented in the 2023 business plan.</p> <p>The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is the EN/quality assurance coordinator. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the management/quality and staff meetings. Maintaining a restraint-free environment is included as part of the education and training plan, last completed in December 2022.</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)  |
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| <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 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</p> | PA Low            | <p>The RNs are responsible for the development of the resident care plan. Assessment tools including cultural assessments were completed to identify key risk areas. The RNs interviewed understand their responsibility in relation to care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans provided sufficient information related to interventions to demonstrate compliance.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the residents interviewed were complimentary of the care provided.</p> | <p>One hospital resident with diabetes did not have interventions to manage episodes of hypo and hyper glycaemia.</p> <p>One hospital resident care plan has not been updated following significant change in the resident's care needs related to pressure injury management and in line with the increased needs following reassessment for hospital level care.</p> | <p>Ensure care plan documentation reflects the resident's needs and interventions to provide adequate delivery of care for the resident.</p> <p>90 days</p> |



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| <p>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>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>The RNs and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including that of controlled drugs storage, stocktake and reconciliation.</p> <p>Physical stocktakes of controlled drugs is undertaken by medication competent staff (RN, EN and caregivers) and recorded weekly in red ink in the controlled drug</p> | <p>Weekly stocktake of controlled drugs was completed four times in a fourteen-week period between January and May 2023.</p> | <p>Ensure that stocktake of controlled drugs is completed weekly according to policy.</p> <p>60 days</p> |

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|  |  | register; however, not all physical stocktake of controlled drugs were occurring weekly between the period of January to May 2023 as required by policy. |  |  |
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.