

Mateus Enterprises Limited - Seaview Home

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 HealthShare 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: Mateus Enterprises Limited

Premises audited: Seaview Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 15 June 2023 End date: 15 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: 27

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

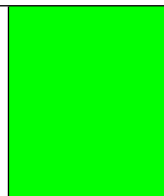
Mateus Enterprises Ltd, trading as Seaview Home, provides rest home level care for up to 28 residents. Short stay /respite and day programme attendance can also be provided subject to availability. Day to day operations are managed by a clinical/facility manager and the operations manager. There has been no significant changes since the last audit.

This midway surveillance audit was conducted against a sub-set of the Ngā paerewa Health and disability services standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora. At the time of the audit the rest home had three residents who has tested positive to COVID-19 and a precautionary lock-down was in place. With the approval of management and HealthCERT the audit went ahead with only one auditor on site. The auditor remained in one part of the building therefore residents were not interviewed, however resident meeting minutes and satisfaction surveys were reviewed. Staff, governance, the general practitioner and family/whānau interviews occurred via phone. All related records were viewed on site.

This was the service providers first audit against Ngā paerewa. Governance and management demonstrated their intent to meet the new standards and were well versed with the requirements. No new areas of improvement were identified.

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.



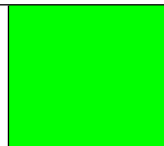
Subsections applicable to this service fully attained.

Mana motuhake was respected. The rest home has close links with the local marae who provide advice and oversight. The Māori health plan is individualised and provides goals and objectives for ensuring equity. Policies and procedures identify the rest homes commitment to the principles of Te Tiriti o Waitangi. A Māori model of health is used during the assessment and care planning process. Whānau are fully involved.

Information is openly shared, and informed choices respected. Residents/family/whānau are encouraged to give free and open feedback and provided opportunities to make their own health-care choices and pae ora outcomes. The complaints process is equitable, accessible, and managed in a competent and respectful manner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



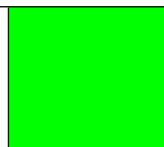
Subsections applicable to this service fully attained.

Governance representatives were cognisant with their obligations under Te Tiriti o Waitangi. Organisational performance was monitored. The quality and risk management programme is implemented and effective in monitoring regulatory and legislative compliance. Risks were identified, with documented controls. Quality related data was gathered and analysed. Adverse events

were managed as per policy requirements. There was always enough suitably qualified staff on duty. Staff competencies were defined.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

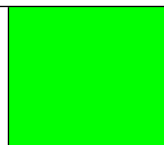


Subsections applicable to this service fully attained.

Holistic resident centred care is provided. Resident assessments informed care plan development. Care-plans were implemented with input from the resident and the family/ whānau. Clearly described interventions contributed to achieving the resident's goals. Care-plans were reviewed as required. The activity programme supported the residents to maintain physical, social, and cultural dimensions of their wellbeing. Medications were managed and stored appropriately. The food service catered for the residents' dietary needs and cultural requirements. The discharge and/or transfer of residents was being safely managed.

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

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



Subsections applicable to this service fully attained.

The facility was safe and fit for purpose. There was a current building warrant of fitness and approved fire evacuation scheme. The required security arrangements were in place. There had been no changes to the building since the last audit.

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

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

Subsections applicable to this service fully attained.

A pandemic plan was in place and had been tested. Infection prevention policies acknowledged the spirit of Te Tiriti o Waitangi. Surveillance data was collated and documented. Communication between staff and residents was appropriate to the resident's cultural wellbeing.

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 governing body was committed to minimising the use of restraint. There was no history of restraint use in the rest home. All staff receive training regarding alternatives to restraint and the management of challenging 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	22	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The rest home has policies and procedures that support equal employment opportunities. These include the recruitment and retention of Māori staff. The Māori health plan acknowledges the organisations responsibilities under Te Tiriti o Waitangi. The management team advised that there were no staff who identified as Māori at the time of the audit, however they were committed in their intent to continue attempting to attract Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>All policies and procedures have been purchased from an external consultant. This includes the Pacific plan, which was reported to have been developed in partnership with Pacific people. The plan includes current national strategies for Pacific health and identifies Pacific models of health and wellbeing. There has been no history of Pacific staff or residents accessing the rest home, with the Pacific population in the area being small and transient due to seasonal work, however there are two Pacific health providers in the region which could be</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>accessed if required. Management were committed in their intent to ensure services are commensurate with the needs of Pacific people should the need arise.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Māori health plan has been individualised to the rest home and guides staff in meeting the needs of the residents who identify as Māori, recognising mana motuhake. Residents and whānau who identified as Māori were involved in the assessment and care planning process to ensure their cultural values and beliefs were identified and included in service delivery. Any additional cultural support, if required could be accessed locally through the marae. Clinical records for residents who identified as Māori acknowledged their individual cultural needs using a holistic model of health. Staff and management provided examples of how they support residents who identify as Māori to maintain and celebrate their cultural values and beliefs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Te reo Māori and tikanga were actively promoted in the rest home and incorporated in activities. Staff receive monthly input from a member of the local marae who provides support and oversight, including support with te reo Māori. Signage throughout the facility included te reo Māori. The needs of tāngata whaikaha were responded to through the provision of flexible service delivery. Additional resources were provided as required. Tāngata whaikaha participate in all activities including those which reflect te ao Māori. All staff have received training in cultural safety and were able to provide examples of how this was practiced in day to day service delivery. Resident satisfaction surveys confirmed that all resident, including those who identify as Māori, felt respected at all times.</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>FA</p>	<p>Staff reported that management provide a safe environment from which to report any concerns. This was confirmed in interview and staff satisfaction surveys. They stated they would feel comfortable to report any alleged or suspected discrimination or racism. Relevant policies and procedures are documented. Any form of discrimination</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>is not tolerated and constitutes misconduct, according to employment policies. Interviewees said there had been no reports of alleged or suspected discrimination or racism towards residents. All residents' care plans sampled included the resident's social, spiritual and cultural needs. Care plans were strengths-based and holistic, clearly identifying goals and achievements.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Guidelines supporting tikanga best practice in relation to consent were available to staff and management confirmed their intent to ensure the policies were implemented. Family/whānau confirmed that they were provided with information and were involved in making decisions regarding care. Where required, a nominated support person or enduring power attorney (EPOA) was involved in decision making and consent processes. Informed consent was obtained as part of the admission process. Staff were able to give examples of how consent was gained for daily cares.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of consumer rights legislation and works equitably for Māori. Information on the complaint process is provided to residents and families/whānau on admission. Family/whānau interviewed stated they would not hesitate to raise a concern if they had one. Internal audits regarding the complaints process confirmed that residents understood the complaints process.</p> <p>It was reported that there had been one formal complaint since the last audit which involved a medication management issue. A full investigation was completed and management met with the resident and family/whānau face to face (kanoahi ki te kanoahi). An apology was made and the resident/whanau were satisfied with the outcome, which</p>

		<p>resulted in a change in practice. Comprehensive records were maintained and confirmed that the complaint was well managed. There have been no complaints to the Office of the Health and Disability Commissioner (HDC) nor any requests for advocacy services to provide support.</p> <p>Any day to day concerns from residents are addressed in resident meetings which occur every six months. These meetings are attended by the directors and include updating residents on organisational performance and discussing general issues.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>There have been no changes to governance since the last audit. There are two directors, one of whom was a registered nurse with over 40 years' experience in care of the older person. One of the directors was interviewed via phone and confirmed their commitment to ensuring the principles of Te Tiriti o Waitangi are maintained and that services remain equitable. During their nursing career the director maintained the required nursing council cultural competencies and recently attended a one day hui regarding Te Tiriti o Waitangi and equity. The directors have maintained a close relationship with the local marae.</p> <p>The clinical/facility manager is a registered nurse and is responsible for day to day operations. The clinical/facility manager is supported by the operations manager. Both are onsite Monday to Friday business hours and live next door ensuring after hours clinical and operational support is readily available.</p> <p>The service holds contracts with Te Whatu Ora -Nelson Marlborough for rest home level care and respite. There are also two residents under the young person with disability (YPD) contract, both of whom are over the age of 65 years but remain funded through the Ministry of Health. The service also has two respite residents who are funded by the Accident Compensation Corporation (ACC). There is a maximum capacity of 28 beds, with 27 residents on the day of the audit.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The strategic plan outlines the purpose, values, scope, direction and goals of the organisation and is reviewed annually. The plan describes annual and longer-term objectives and the associated operational plans including the facilities response to risk and ensuring equitable services are provided. The director and management representatives confirmed regular discussions and actions to monitor organisational performance. A current and comprehensive risk management plan is in place.</p> <p>The quality and risk management system ensures ongoing compliance with improvements implemented as needed. Service delivery monitoring includes collation and analysis of quality data such as incidents/accidents, complaints, infections, and the outcomes of internal audits. Staff reported their involvement in quality and risk management activities. The required policies and procedures are documented, current and based on best practice. Internal audits are routinely conducted and provide ongoing confidence regarding compliance. Both management representatives demonstrated an understanding of essential notification reporting. There have been no significant events requiring notification to external agencies other than the required COVID-19 notifications.</p> <p>The service can deliver high quality health care for Māori. This was evident in the involvement of representatives from the local marae who have whānau residing at the rest home. Māori care planning is strengths based and holistic. The results of satisfaction surveys demonstrated 97% satisfaction, with surveys addressing cultural needs. Whānau satisfaction surveys resulted in 97% satisfaction.</p> <p>The director and the management team demonstrated a commitment to the provision of equitable services. The goals of the Māori health plan are reviewed annually and provide sufficient details that equity and ethnicity data is being collected, collated and analysed. The plan is individualised to the rest home and the demographics of the area. Goals for achieving equity are well defined with further mechanisms for the collection of additional meaningful data being explored.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There are sufficient health care and support workers on duty at all times. The roster confirmed more than adequate staff cover, with staff replaced in any unplanned absence. It was reported that staffing levels can be adjusted to meet the changing needs of residents. There is an afterhours on call roster shared by the facility/clinical manager and the other registered nurse. Staff reported having good access to advice when needed. Management reported a full quota of staff was employed, with no current staff shortages. There are three health care assistants on duty during the morning, two in the afternoon and one at night. Both registered nurses are on duty Monday to Friday business hours and provide on call support. In addition, there is one activities coordinator who works Monday to Friday, one full time cook and one cleaner. Casual kitchen and cleaning staff are also available. A team leader is rostered over the weekends when the registered nurses are not on duty.</p> <p>Continuing education is planned on an annual basis and occurs each month. Education includes mandatory training requirements such as emergency evacuations, first aid, infection prevention and medication administration competencies. A majority of carers have educational achievements related to care of older people, with one achieving a level four qualification in health and wellbeing, three achieving level three, four achieving level two and currently studying for level three and two achieving level one and currently studying for level two. The two registered nurses are trained and maintaining their annual competency requirements to undertake interRAI assessments.</p> <p>The collection and sharing of high-quality Māori health information was encouraged. Staff were aware of the needs of Māori residents and their whānau. Care planning and interventions were provided within a holistic framework informed by the four cornerstones of health (tinana, hinengaro, wairua and whānau). Local iwi representatives were available and visited the rest home frequently providing education and resources to staff and residents regarding Māori protocol and models of health. Information was available in te reo Māori with signage throughout the facility displayed in multiple languages.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Staff management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates. Staff records confirmed the organisation's policies are being consistently implemented and records are maintained in accordance with requirements. Staff ethnicity is recorded and copies of passports are maintained for overseas staff. Internal audits of personnel records ensure compliance with policy and employment legislation.</p> <p>Staff orientation includes all necessary components relevant to the role and the essential components of service delivery. Staff reported that the orientation process prepared them well. The orientation process takes two weeks to complete and all new staff are buddied by a senior staff member. An orientation checklist is signed off on completion and these were sighted in staff records sampled.</p> <p>Staff surveys are completed annually and confirmed a good level of satisfaction. Staff commented that the rest home was a 'very special place' to work and that they were well supported by the management team.</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>	<p>FA</p>	<p>The service has a process in place in the event access is declined. If declined access the person and their family/whānau, the referring agency and GP are informed. Declines only occur if the persons needs were not within the scope of the service, incorrect assessment data was provided or a bed was not available. There has been four declines since the last audit, none of whom were Māori. The service has developed links with the local marae, whose representatives visit whānau in residential care throughout the area.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses complete the admission assessments, care plans and care plan evaluations. The assessment and care planning process supports residents who are Māori and family/whānau to identify their own pae ora outcomes. The Māori health care plan guides care for residents who identify as Māori and is based on te whare tapa whā.</p> <p>Medical assessments were completed by the general practitioner (GP) and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Referrals to relevant specialist services were completed as indicated. Transfers and discharges to other health providers were managed safely with appropriate planning, communication and documentation completed. The GP confirmed confidence in management and staff to maintain levels of care. The GP reported that clinical care was timely and appropriate, they were notified of any early warning signs and that prescribed interventions and treatment were implemented competently.</p> <p>Care plans reflect identified residents' strengths, goals, and aspirations. The strategies to maintain and promote the residents' independence and wellbeing were documented. Family/whānau goals and aspirations were also addressed in the care plans. Family/whānau confirmed being involved in the assessment and care planning processes. Short term care plans were evident in resident files and addressed short term concerns.</p> <p>Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic and increased monitoring when needed.</p> <p>Tāngata whaikaha were supported to access information and other support services as required. Strategies to overcome barriers which may prevent tāngata whaikaha from accessing information independently included accessing the local community and marae.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs,</p>

		goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Having both registered nurses on duty during the week provides on going continuity of care and clinical oversight.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is implemented by an activity coordinator. The coordinator had previously been a health care assistant for five years. Activities are provided six days a week, with weekend activities led by a team leader. A range of resources are available for residents, including participation in community activities and outings. The activities programme is displayed. The residents' activity needs are reviewed every six months at the same time the care plans are reviewed. Initial assessments include a social profile of interests, culture, values and hobbies. Some of the family/whānau members interviewed have participated in the activities programme when visiting and reported that it appeared to be well enjoyed. Family/whānau can visit the rest home at any time, unless under lock-down.</p> <p>Opportunities to participate in te ao Māori are provided. Waitangi Day and Matariki were observed. Whānau from the local marae provide culturally based activities once per month, including waiata and te reo Māori lessons. All residents are given the opportunity to visit the marae.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There have been no changes to the medication management since the last audit. The medication management system is appropriate to the scope of the service, with policies identifying all aspects of medicine management in line with relevant legislation, standards and guidelines. An electronic system is used. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were completed. Resident allergies and sensitivities were documented on the electronic medication chart and in the residents' clinical records. In the event a new, or transferred resident, does not yet have their medications prescribed through the electronic system, staff administer directly off the hard copy</p>

		<p>prescription and maintain an administration chart. There was no evidence of transcribing.</p> <p>Pharmacy pre-packed medicines are checked by the registered nurse on delivery. The residents' specific medications, such as short course medicines were within current use by dates. Medications are stored securely in accordance with requirements with temperature monitoring in place. A system is in place for returning expired or unwanted medication to the pharmacy.</p> <p>Standing orders, such as Panadol and lactulose are reviewed and signed annually by the GP. The process of using standing orders was compliant with current guidelines. The registered nurse oversees the use of all 'as required' (PRN) medicines. Documentation regarding the effectiveness of PRN medication is recorded in the resident's progress notes. Weekly checks of medications and six monthly stocktakes (including controlled drugs) are conducted in line with policy and legislation.</p> <p>Residents and their family/whānau were supported to understand their medications. The clinical/facility manager stated that when requested, appropriate support and advice for treatment for Māori would be provided. There was one resident who had chosen to self-administer over the counter medication (OTC) and the GP confirmed their knowledge and approval. The resident had been assessed as competent and the medication was safely stored in their bedroom.</p> <p>Current medication competencies were sighted for all staff who administer medications. Competency was supported by the registered nurses who observed and provided clinical oversight during the morning and midday medication rounds. This was observed during the audit.</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>FA</p>	<p>Residents' diet profiles are completed on admission in consultation with the residents and family/whānau. Dietary profiles identified personal food preferences, allergies, intolerances, any special diets, and cultural preferences. There is a current food control plan which expires in August 2023. The menu was last reviewed by a qualified</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>dietitian in December 2022.</p> <p>Management confirmed that the rest home is able to provide culturally diverse meals on request and provided examples. Family/whānau were welcome to bring culturally specific food for their relatives. Residents surveys confirmed satisfaction with the meals provided. Family/whānau interviewed, who had been present during mealtimes, reported that the meals looked appealing, healthy and all residents had the support they needed during mealtimes.</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>Transition, exit, discharge, or transfer is managed in a planned and coordinated manner. Resident records confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers. A transfer form accompanies residents when they are moved to another service or facility. This constitutes a discharge plan and includes comprehensive information regarding the residents needs and current interventions, including medication. Two types of discharge forms are used, one for residents who require an interRAI and one for those that do not.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A full inspection of the building was not undertaken to reduce the risk of spreading/contracting COVID-19; however it was reported that there had been no changes to the facility since the last audit and satisfaction surveys confirmed that both residents and family/whānau were satisfied with the maintenance and up-keep of the building. This was also confirmed in family/whānau interviews.</p> <p>The current building warrant of fitness was displayed and expires in July 2023. Calibration of scales and medical equipment occurs annually. Electrical testing and tagging is current and was last completed in February 2022, due again in February 2024. The operations manager confirmed that environmental inspections occur and maintenance requests were attended to. Records of maintenance requests confirmed that these had been addressed. There was also</p>

		<p>an annual maintenance plan.</p> <p>Hazards were identified and monitored as per the health and safety system. Records of hot water checks were sighted for the year to date and confirmed a consistently safe temperature.</p> <p>The environment was inclusive of the residents' culture with residents free to decorate their rooms in the manner they wish. There was no plan to design new buildings or make any changes in the very near future, however policies ensure that input from residents and Māori are obtained should changes be made.</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>Fire safety equipment is routinely checked in line with building warrant requirements. There was an approved evacuation plan, and an evacuation procedure. Emergency evacuation drills were conducted every six months with the last one conducted in May 2023. Orientation for new staff includes emergency and security situations. The most vulnerable or mobility impaired residents are listed on the fire board and are expected to be assisted first. All staff have a current first-aid certificate. There were adequate emergency exit doors, an ambulance bay and designated assembly point.</p> <p>A security check is completed by the afternoon and night staff to ensure all doors and windows were secured. There are security cameras, sensor lights and night lights. The call bell system is routinely checked. Family/whānau confirmed staff attended promptly when a bell was activated. All staff were identifiable. Resident satisfaction surveys confirmed that residents felt safe at all times.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	FA	<p>There was a current pandemic plan which had been tested several times during the COVID-19 pandemic. The plan aligned with national strategies, guidelines and public health requirements. There had been three COVID outbreaks since the last audit. The outbreaks were reported as required and all residents received antiviral medication once it became available, if not contraindicated. Infection prevention policies and procedures were current and there was a sufficient amount of personal protective equipment on site. The rest home also</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>has an alternative roster which comes into effect with each outbreak to help reduce the spread of infection. This includes less staff on site at any one time with the use of 12 hour shifts.</p> <p>The rest home was in a precautionary lock down at the time of the audit. There were three positive cases on site and some staff had been infected. Management response to the outbreak was pro-active and was proving effective in reducing the spread, thus far.</p> <p>The COVID-19 folder has a number of educational resources available in te reo Māori. The clinical/facility manager could explain cultural practice as they aligned with infection prevention. Examples of cultural safety were provided and acknowledged the spirit of Te Tiriti. In addition, whānau were very supportive and openly shared their knowledge regarding te ao Māori. Whānau feedback and advice was well received, implemented and respected amongst management and staff.</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>	<p>FA</p>	<p>The surveillance programme was defined and appropriate to the size and scope of the service. All resident infections, including positive rapid antigen tests, were recorded in the residents' files using the infection data collection form. Infection data was collected, collated, monitored and reviewed monthly. Data was used to identify any significant trends or common possible causative factors. Results of the surveillance data were shared with staff during shift handovers and staff meetings. Surveillance data included ethnicity.</p> <p>Evidence of completed infection control and hand washing audits every six months were sighted. Staff confirmed that they were informed of infection rates as they occurred. A general practitioner was informed when a resident had a suspected infection and appropriate antibiotics are prescribed following a culture and sensitivity.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of restraint minimisation and safe practice standards. The rest home had a 'no restraint' philosophy and there was no history of restraint use.</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Governance endorsed the 'no restraint' philosophy and all staff were responsible for ensuring the philosophy was upheld, with the clinical/facility manager providing oversight.</p> <p>Staff received ongoing education on restraint minimisation and challenging behaviours. There were processes to report restraint to management if it ever occurred. Any adverse event which involved a challenging behaviour was reported through the incident and accident process.</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.

No data to display

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

No data to display

End of the report.