

# Graceful Home Orewa Limited - Pinehaven Cottage

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Graceful Home Orewa Limited
<b>Premises audited:</b>	Pinehaven Cottage
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 24 July 2023    End date: 24 July 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>	31

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Pinehaven Cottage is one of three aged residential care facilities owned and operated by Graceful Home Orewa Limited. The service provides secure dementia care and rest home level care services for up to 35 residents. One of two directors was interviewed for this audit.

A facility manager (FM) covers this service and is supported by an experienced registered nurse (RN). The FM reports to the directors regularly. All residents are cared for by a general practitioner from a local medical practice.

This unannounced surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 8134:2021. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, the general practitioner, family members, the management team and staff.

There was on area requiring improvement from the previous audit which has been addressed. One area was identified for improvement in relation to infection prevention and control surveillance data due to ethnicities not being recorded in the data collected.

## Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The Māori health plan guides staff practices to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs when required. Staff understood the principles of Te Tiriti o Waitangi and Māori mana motuhake.

Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Residents, family/whānau and legal representatives are involved in decision-making that complies with the law. Consent is obtained where and when required.

Processes are in place to resolve complaints promptly and effectively with all parties involved. A complaints register was maintained.

## 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.

The quality and risk management systems were verified and clearly focused on improving service provision and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory obligations. Policies and procedures are controlled by a contracted experienced consultant and were current. Te Tiriti, health equity and cultural safety core competencies have been completed by management and staff.

All newly employed staff are provided with orientation. Competencies were completed and training was provided during orientation and recorded. Staff participate in planned education annually. All employed and contracted health professionals maintain a current annual practising certificate. The facility manager and eight staff members have current first aid certificates. Staffing is managed effectively providing adequate cover.ate.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents' assessments and care plans were completed by suitably qualified personnel. The service works in partnership with the residents, their family/whānau and legal representatives to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were referred to specialist services and to other health services as required. Transfers and discharges were managed effectively.

The planned activity programme promotes residents to maintain their links with the community and meets the health needs and aspirations of Māori and where applicable, whānau.

A safe medication management system was implemented. Medicines were safely stored. Staff who administer medicines had current medication administration competencies.

The food service meets the nutritional needs of the residents with special needs and cultural needs catered for. Food is 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.
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The secure dementia care unit and rest home meet the needs of residents. The facility was clean and well maintained. There was a current building warrant of fitness displayed. Electrical and calibration of equipment records were verified. Internal and external areas are accessible, comfortable, safe and meet the needs of residents.

The fire evacuation scheme plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted six monthly and records are maintained. Appropriate security was maintained for residents, staff, family and visitors to the cottage. Closed-circuit television (CCTV) has been installed since the previous audit as an added security measure.

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

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

Some subsections applicable to this service partially attained and of low risk.

The outbreak management plan in place was regularly reviewed. Sufficient infection prevention resources, including personal protective equipment (PPE), were available and readily accessible to support the plan.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively. Identified infections are communicated to family/whānau or legal representatives in a culturally safe manner.

## 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.

There is a governance commitment to eliminate the use of restraint documented in policy. On the day of the audit no residents were using a restraint. Staff receive training on restraint elimination at orientation and as part of the education programme provided. A restraint register was maintained by the restraint coordinator.

## 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	0	0	0
Criteria	0	53	0	1	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>Pinehaven Cottage has a cultural policy (reviewed March 2022). The owner/director interviewed ensures Māori applicants for positions advertised were always provided equal opportunities for all roles. All applicants are acknowledged, and information is recorded as part of the human resource management processes.</p> <p>On the day of the audit there were staff who identified as Māori. No residents identified as Māori. The owner/director interviewed is Māori and stated ‘that nothing has changed with the new Nga Paerewa Standards’, as the directors and management have always worked collaboratively to provide high-quality, equitable and effective services for Māori, framed by Te Tiriti o Waitangi.</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>	Not Applicable	<p>On the day of the audit there were no residents who identified as Pasifika. The recruitment policies are in place as for sub-section 1.1 and as evidenced by the employment of care staff who identify as Pasifika. There were documented policies, procedures and operational</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>plans that included the organisation's approach to Pacific peoples and their models of care. However, there were no established links that had been developed with Pacific communities. Staff interviewed stated that staff could be consulted to provide advice if needed for any Pasifika residents admitted to this aged care service.</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 Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. There were no residents who identified as Māori at the time of the audit. The service recognises Māori mana motuhake by involving residents and family/whānau or legal representatives in the assessment and care planning process to ensure their wishes and cultural needs are identified, when required.</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 Māori were actively promoted in the service and incorporated through all their activities. Te reo Māori words and phrases were posted around the service to promote staff and residents' awareness. Residents, family/whānau and legal representatives expressed that staff acknowledge and respect residents' individual cultural needs. Care staff have completed cultural competencies as reviewed in the training records but have not completed Te Tiriti o Waitangi training. This is planned.</p> <p>Tāngata whaikaha needs were responded to as assessed and their participation in te ao Māori was enabled through cultural activities on the activities programme. The Māori health plan was available to guide care when required.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>Systems in place to safeguard residents against institutional and systemic racism include the complaints process and residents' meetings held regularly. The interviewed residents and family/whānau confirmed that residents are treated fairly and opportunities to discuss</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>any concerns were provided by the facility manager when required. Te Whare Tapa Whā model of care was available for use to ensure wellbeing outcomes for residents who identify as Māori, when required.</p>
<p>Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Staff were observed to seek consent from residents where applicable. Informed consent was obtained as part of the admission process with admission agreements and informed consent signed by the residents or residents' legal representatives, where applicable. Staff understood tikanga best practice in relation to consent. Residents and their family/whānau confirmed being provided with information and being involved in making decisions about residents' care.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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/compliments management policy and procedures were clearly documented to guide staff. There was also a complaints flowchart developed and implemented for the management of complaints. The process complies with Right 10 of the 'Code' which is the right to complain, to be taken seriously, respected and to receive a timely response.</p> <p>Staff and residents' families interviewed stated that they were fully informed about the complaints procedures and where to locate the forms if needed, or how to complete online. The family members interviewed spoke highly of the care their family members received at Pinehaven Cottage.</p>

		<p>Since the previous audit there have been three written complaints and ten compliments received and these were documented in the register reviewed.</p> <p>One of the three complaints received was from the Health and Disability Commissioner's (HDC) office. This complaint received 30 June 2021 was followed through and has involved the service provider sending additional information to the HDC office on the 6 August 2021 and 20 January 2023. No other external complaints have been received.</p> <p>In the event of a complaint being from a Māori resident or whanau member, the service would seek the assistance of an interpreter or Māori health advisor if needed from Te Herenga Waka o Orewa. The service has linked with this Māori health advisor that offers advice, facilitates pōwhiri, blessings, consultations, and cultural support services. The service provider has had the current complaints form translated into te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Pinehaven Cottage provides aged related residential secure dementia care and rest home services. The owner/director was interviewed. There are two directors who own and operate three aged care facilities supported by a facility manager at each site. The registered nurse (RN) is able to provide cover for the facility manager as needed. The RN interviewed was responsible for all clinical aspects of service delivery. Family interviewed stated the facility manager and the RN work collaboratively together and families were pleased with the care and management of their family members.</p> <p>The director interviewed stated there was a special need for dementia care beds in this region. The director stated that, as a Māori, it was significantly important to ensure accountability for delivering high-quality services for all residents including those that identified as Māori and Pasifika. No identified barriers were discussed for Māori seeking</p>

		<p>care at Pinehaven Cottage.</p> <p>The service has a focus on ensuring services with tāngata whaikaha are provided to improve residents' outcomes, and this was documented in the reviewed business plan for Pinehaven Cottage.</p> <p>In addition to Te Herenga Waka o Orewa health advisors being accessible, the director interviewed was confident in providing appropriate advice as needed. The directors ensure the facility manager and staff maintain a good relationship with all residents and extended families in the local community. Management honours Te Tiriti o Waitangi and the owner/director interviewed has a good understanding from a personal and business perspective about the significance of Te Tiriti. The facility manager completed a course 'Culturally Safe Support Practice in New Zealand' on 1 June 2022 and Te Tiriti o Waitangi training through Te Whatu Ora – Health New Zealand Waitematā (Te Whatu Ora Waitematā) 21 April 2023 and cultural competency training 21 April 2023.</p> <p>Pinehaven Cottage has Aged Residential Care (ARRC) contracts with Te Whatu Ora Waitemata for providing secure dementia level care, respite care, rest home and long-term support chronic health conditions (LTS-CHC) under 65 years. There are 35 total beds at Pinehaven Cottage, 12 being rest home level care beds and 23 dementia level care. On the day of the audit 31 beds were occupied; the dementia care service had 23 residents (full occupancy) and eight rest home beds were occupied. One dementia care level resident was under the LTS-CHC under 65 years of age contract. No residents were receiving respite care 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</p>	<p>FA</p>	<p>The quality and risk programme was reviewed 19 April 2023. The programme reflects the principles of continuous improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures,</p>

<p>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>health and safety reviews and clinical incident management. The facility manager (FM) is responsible for the implementation of the quality and risk system with input from the RN. The FM reports to the director monthly and more frequently as needed. The policies and procedures are being managed by a contracted residential care nursing management consultancy company. Critical analysis of organisational practices to improve health equity is still in progress (refer to criterion 2.2.8).</p> <p>There were a range of internal audits planned and undertaken for 2023 as per the audit calendar reviewed. Results are collated monthly and action plans are developed as needed. The service prioritises any findings related to key aspects of service delivery, resident and staff safety. The staff are informed of any results at the regular three-monthly staff meetings. The management team meetings are held every two months with the FM and the directors. A set agenda and minutes of meetings are maintained for all meetings held. Residents' meetings are held three-monthly.</p> <p>An annual survey 'Next of Kin and resident survey' was last performed June 2023. Positive feedback (19 residents/next of kin completed the forms) was received from families and residents. The data gathered was analysed and used for improving services as needed. The annual report was reviewed, and the feedback was provided to all staff. The director interviewed ensures high-level care is provided to residents, including Māori and Pacific residents as applicable.</p> <p>Health and safety systems were implemented. There was now a current up-to-date risk register reflecting the current environment/facility with the severity and probability of each risk determined. The risks are monitored, analysed, minimised, and addressed, especially those risks associated with service provision. This was an area of improvement identified at the last audit, which has been effectively addressed (HDSS: 2008 1.2.3.9 – mapped to Nga Paerewa 2.2.4).</p>
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		<p>The director and FM were fully informed and comply with statutory and regulatory obligations in relation to essential notification reporting. There have been no Section 31 notifications completed since the previous audit.</p> <p>The FM has an open-door policy and will talk to family, residents, and staff if they have any issues.</p>
<p><b>Subsection 2.3: Service management</b></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>The FM interviewed explained how the rosters are adjusted in response to resident numbers and the level of care required, and when residents' needs change. Care staff interviewed confirmed that they can complete their allocated work. Family interviewed supported this. Only two care staff do not work across both services (resthome and dementia). No agency staff are used at this facility. The RN who worked full time has two office days allocated each week for administrative work and to work on interRAI assessments, interRAI re-assessments and updating the residents' care plans as needed.</p> <p>Twenty health care assistants (HCAs) are employed at Pinehaven Cottage. In addition to the HCAs, two cooks, two cleaners, a diversional therapist (Level 4), one van driver and a gardener make up the team. The maintenance is carried out by one of the two directors. Laundry duties are completed onsite by staff.</p> <p>Management and eight staff have completed first aid training. One staff member on each shift was a 'first aider' and this was documented on the rosters reviewed. In addition to this care staff have completed medication, infection prevention and control and restraint competencies. All staff and management have completed cultural competencies. The staff training records were reviewed. Mandatory education was covered and completed as required. Other training</p>

		<p>topics, such as maintaining skin integrity, wound care, abuse and neglect, challenging behaviour, food handling, the Code of Rights, have also been provided. The RN has a wider list of training completed to enhance their clinical skills including palliative care, wound care management, intimacy and difficult conversations, open communication, informed consent and privacy. The training meets the requirements of the service provider's agreement with Te Whatu Ora Waitematā.</p> <p>All staff who work in the secure dementia care service have completed a recognised dementia care limited credit programme (LCP). The twenty HCAs have also completed a recognised New Zealand Qualification Authority (NZQA) and related training. Three HCAs have completed (NZQA level 4, 12 have completed level 3, one HCA has completed level 2 and four HCAs level 1. Enrolments were reviewed for 2023.</p> <p>The diversional therapist (NZQA level 4) is employed Monday to Friday and provides planned activities for both the rest home and residents in the dementia care service. The activities in the dementia care service cover the twenty-four-hour (24/7) timeframe required, due to the nature of the dementia level care service. Activities are provided that are suitable to meet the needs of residents. Resources are readily available.</p> <p>Health information for all residents who identify as Māori is recorded accurately and is readily available and able to be shared appropriately as needed.</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>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. All employed and contracted health professionals have current annual practising certificates. The director and FM are responsible for the recruitment of staff. The director interviewed stated that any staff that identify as</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>Māori can, if they wish, have orientation and education translated into te reo Māori. Performance reviews were completed annually with a system in place to ensure these are recorded.</p> <p>An orientation/induction programme has been implemented and staff confirmed its usefulness, applicability and felt supported. New care staff are 'buddied' to work with a senior health care assistant for orientation. Additional time was provided as required for new staff. A checklist was completed and filed in the individual staff records randomly selected and reviewed.</p> <p>Staff ethnicity was being documented along with country of birth in the staff register. There are staff of many different nationalities employed. Ethnicity data was collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and kept securely and confidentiality was maintained.</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>Residents' ethnicity was identified and recorded on admission. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. The service has developed partnerships with Māori communities and a local marae to benefit Māori residents and whānau, when required. The director of the service is the Māori health advisor for the organisation. Cultural advice can be accessed when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	FA	<p>Te Whare Tapa Whā model of care supports kaupapa Māori perspectives to permeate the assessment and care planning process,</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>whānau ora and pae ora where applicable. Residents' family/whānau provide cultural support, and where this is not possible, a kaumātua will be contacted to provide support as appropriate. Residents' lived experiences, cultural needs, values, and beliefs were assessed through the assessment process. Residents and family/whānau or EPOAs were involved in the care planning process.</p> <p>A range of clinical assessments, including interRAI, referral information, observation, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Long-term care plans were completed in a timely manner. Behaviour management plans were completed for identified behaviours of concern. Known triggers, warning signs and risks were documented in the behaviour management plans. Staff were observed on the day of the audit inviting and supporting residents to attend to activities of choice.</p> <p>Tāngata whaikaha are supported in making decisions about their care as verified in residents' records and in interviews. Residents, family/whānau and EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The completed long-term care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Appropriate strategies to maintain and promote residents' independence and wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring. Identified family/whānau goals and aspirations were addressed in the care plans. Service integration with other health providers including specialist services, medical and allied health professionals was evident in the records reviewed.</p> <p>Six-monthly care plan evaluations were completed in consultation with the residents, family/whānau or EPOAs, where applicable. Residents' progress towards the achievement of desired goals was documented and changes were made to the plan of care where the desired goal was not achieved. Changes in residents' health were escalated to the general practitioner (GP) or specialist services. Referrals to relevant specialist services were consented for by the residents' legal representatives for residents in the dementia unit. Residents, family/whānau and EPOAs confirmed their involvement in the</p>
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		<p>evaluation processes and any resulting changes.</p> <p>Medical assessments were completed by the GP in a timely manner. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Staff understood the process to support residents and family/whānau when required. The GP expressed satisfaction with care being provided to residents.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by a diversional therapist. Opportunities for Māori residents, when applicable, to participate in te ao Māori include celebration of Waitangi Day, Matariki, and kapa haka performances by the local school children. Residents were supported to attend community activities where applicable. Twenty-four-hour activity plans were included in the long-term care plan for all residents. Residents in the dementia unit had access to the secure garden and were observed accessing the secure garden independently, or with support, where applicable.</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>An electronic medication management system was in use. A registered nurse was observed administering medicines. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over-the-counter medicine and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines. All requirements for 'as required' (PRN) medicines were completed appropriately. Medicine allergies and sensitivities were</p>

		<p>documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperature for the medicine room sampled were within the recommended range.</p> <p>There were no residents who were self-administering medicines at the time of the audit. Safe systems were in place should this be required.</p> <p>Residents and their family/whānau are supported to understand their medicines when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be accessed.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</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>Residents' diet requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The diet profile identified residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. The winter menu in use was reviewed by a qualified nutritionist on 23 May 2023.</p> <p>The cook stated that culturally specific food options to te āo Māori are provided per residents' request. Family/whānau confirmed they were welcome to bring culturally specific food to te āo Māori for their relative as desired. Residents and family/whānau expressed satisfaction with the food service. Snacks and drinks are provided for residents on a 24-hour basis.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents and family/whānau or legal representatives. Family/whānau reported being kept well informed during the transfer of their relative. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evident in residents' transfer records reviewed.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness which expires 26 May 2024, and calibration of equipment was current and up to date and completed 12 August 2022. Biomedical equipment and resources were checked last on 16 January 2023. An inventory was maintained.</p> <p>Family interviewed were pleased with the environment being suitable for their family member's needs. There were well maintained garden areas and raised gardens were noted in both the dementia care service and the rest home for activities and residents to enjoy. External courtyards with seating were accessible for residents. The designated areas outside provide sun, privacy, safety and quietness. The courtyards provide areas for purposeful mobilisation for residents.</p> <p>The business plan includes commitment to ensure the environment reflects the identity and aspirations of Māori. A water feature has a prime place between the two care services. Two resident rooms are currently being renovated. Residents have their own individual rooms. There was one main lounge and a dining room in the rest home and</p>

		several lounge areas and a large dining room in the dementia unit. The lounge areas are used for the activities programme and functions as needed.
<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>There is a fire evacuation plan in place approved by Fire and Emergency New Zealand (FENZ) on 24 August 2016. A fire evacuation drill was last conducted on 29 March 2023. Fire safety training occurs at orientation for all new staff and was provided six-monthly as part of the ongoing emergency management training.</p> <p>Security was managed by staff by checking all doors and windows on the afternoon and night shifts. There are closed-circuit television cameras (CCTV) and signage is in place. The CCTV was connected to the computer in the main office. There was a code to access the secure dementia care service. Family and staff are aware and well informed of the code. A bell was at the entrance to the facility for visitors to ring on arrival. A sign in/out system was in place for visitors and contractors. Back-up for the security computer system is in place. Staff wear badges for identification.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The outbreak/pandemic management plan in place was last reviewed on 20 January 2023. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the outbreak/pandemic management plan. Culturally safe practices in IP to acknowledge the spirit of Te Tiriti o Waitangi were acknowledged in the infection prevention programme. In interviews, staff understood these requirements. The service was working towards providing educational resources in te reo Māori.</p>
Subsection 5.4: Surveillance of health care-associated infection	PA Low	Infection data was collated and analysed monthly to identify any

<p>(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>significant trends or common possible causative factors, and action plans were implemented. Ethnicity was not included in surveillance data. The interviewed residents and family/whānau expressed satisfaction with the communication provided. Two infection outbreaks reported since the previous audit were managed effectively.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is a commitment from governance, documented in the restraint policy, toward eliminating restraint. There were no residents using a restraint on the day of the audit. No restraint has been used at this facility and this was verified in the restraint register maintained by the FM and the RN. Education was provided to staff on challenging behaviour management and de-escalation techniques at commencement of employment, and as an ongoing topic in the training programme provided. The RN was the restraint coordinator. A job description for this role was sighted.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Responsibilities of infection surveillance were described in the infection control coordinator’s job description. An infection report form was used to collect infection data and standardised surveillance definitions were used. Infection data was collected, monitored, and reviewed monthly. Infection data did not include ethnicity data.</p>	<p>Infection surveillance did not include ethnicity data.</p>	<p>Ensure ethnicity data is included in surveillance information.</p> <p>180 days</p>



## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.